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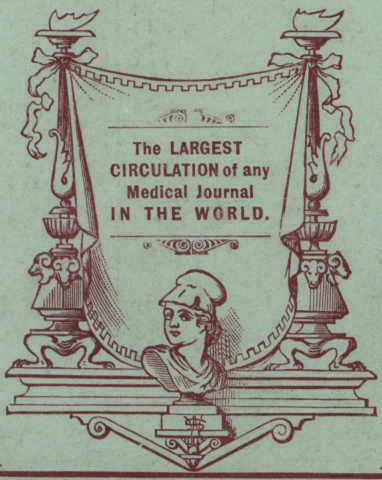
# THE MEDICAL BRIEF

A MONTHLY JOURNAL OF

# Practical Medicine.

LAWRENCE & SON, Publishers.

S. W. COR. 8th AND OLIVE STS., ST. LOUIS, MO.

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9

# CONTENTS.


| | PAGE |
|---|---|
| A Case of Rotheln | 248 |
| Aching Piles | 227 |
| Advice Wanted | 260 |
| An Open Letter | 230 |
| Answers to Inquiries | 236 |
| Anti-Code | 235 |
| Answer to Queries | 239 |
| A Singular Case | 255 |
| Bilious Fever—Strangulated Hernia | 236 |
| Blonde vs. Drewersburg | 252 |
| Book Notices | 269 |
| Cerebro-Spinal Meningitis | 240 |
| Chloasma | 232 |
| Chronic Diarrhœa | 227 |
| Compound Syrup Butternut | 261 |
| Congestion and Inflammation of the Brain | 266 |
| Consanguineous Marriages | 249 |
| Consumption | 265 |
| Copulation as a Cure for Hysteria | 230 |
| Croup or Laryngitis with Exudation | 252 |
| Curacoa Cordial | 238 |
| Cystitis | 229 |
| Diagnosis and Treatment Wanted | 228, 247 |
| Diagnosis Wanted | 233 |
| Dysentery | 229 |
| Dysmenorrhœa | 228 |
| Electrical Appliances | 240 |
| Extra Uterine Pregnancy | 248 |
| Foreign Substance in Stomach | 229 |
| Gonorrhœa | 254 |
| Gulf Weed | 237 |
| Hæmorrhagia—Malarial Fever—Jaundice | 235 |
| Incontinence of Urine | 237, 266 |
| Induration of the Cellular Tissue | 233 |
| Insanity | 231 |
| Irritability of the Sexual Organs | 225 |
| Itching Piles | 254 |
| Leucorrhœa | 237 |
| Listerine | 264 |
| Malaria—Typhoid Fever | 247 |
| Malarial Poisoning—An Oxytocic | 253 |
| Maternal and Paternal Impressions | 251 |
| Maternal Impressions and Magnetic Conception | 232 |
| Menstruatio Anomala | 254 |
| Meningitis - Morbid Pregnancy | 267 |
| Metric System | 258 |
| Mumps—Parotid Gland | 254 |
| Nitro-Glycerine | 256 |
| Observations on Ethics, Miasma, etc | 234 |
| Œsophageal Spasm | 227 |
| Organ of Audition | 267 |
| Ovaries—Heart | 245 |
| Palpitation of the Heart | 226 |
| Pancreatin | 262 |
| Paralysis—Dog Bite | 262 |
| Paraphymosis | 256 |
| Parvules | 250 |
| Pneumonia | 244, 257 |
| Preservation of Vaccine Virus | 228 |
| Pruritis Ani, | 235 |
| Puerperal Convulsions | 225 |
| Questions and Indorsements | 250 |
| Race Degeneration and Cause | 263 |
| Rational Treatment of Intermittent Fever | 246 |
| Remedy for Leucorrhœa—Jaborandi in Croup | 260 |
| Replies | 265 |
| Review | 259 |
| Salicylic Acid—Acute Rheumatism | 255 |
| Scalds and Burns | 238 |
| Sexual Debility | 247 |
| Small-Pox Specifics | 241 |
| Special Notes | 267 |
| Substitute for Carbolic Acid Wanted | 232 |
| Suicide | 249 |
| Syphilis | 228 |
| Tattoo | 238 |
| The Dirt-Eater | 245 |
| Trees a Preventive of Malaria | 259 |
| Urethral Irritation | 253 |
| Vaccination | 263 |
| Venus and Bacchus | 242 |
| Viburnum Opulus as a Medicinal Agent | 251 |
| Viburnum Prunifolium | 238 |
| What is "The Fever"? | 231 |


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# INDEX TO ADVERTISEMENTS.


| | PAGE |
|---|---|
| Artificial Limbs | 19 |
| Avena, con. tinct | 18 |
| Beef, Wine and Iron | 8 |
| Bovine Virus | 19 |
| Buffalo Lithia Water | 21 |
| Bromidia | Third page cover. |
| Capsules | 19 |
| Celerina | 23 |
| Chloroform | 18 |
| Electrical Medication | 18 |
| Fluid Hydrastis | 3 |
| Free Dispensary | 23 |
| Galvanic Battery | 16 |
| Guarana Elixir | 8 |
| Harter's Iron Tonic | 22 |
| Health Preserver | 21 |
| Horlick's Food | 10 |
| Imperial Granum | 13 |
| Ink | 19 |
| Ingluvin | 1 |
| Invalid Rolling Chair | 19 |
| Iodia | Third page cover. |
| Lactopeptine | 12 |
| Listerine | 24 |
| Liquor Pancreaticus | 17 |
| Little Giant Battery | 19 |
| Local Urethral Medication | Back of Contents. |
| Maltine | 5 |
| Manufacturing Pharmacists | 20 |
| Medical Books Free | 19 |
| Mellin's Food | 17 |
| Nestle's Milk Food | 20 |
| New Pharmaceuticals | 4 |
| Petroleol | 11 |
| Physicians' Exchange Bureau | 19 |
| Pills, Gelatine Coated | Second page cover. |
| Pills, Sugar Coated | 1 |
| Saddle Bags | 2 |
| Suppositories | 6 |
| Surgical Instruments | 15 |
| Svapnia | 14 |
| Vaccine Virus | 21 |
| Vaseline | Fourth page cover. |
| Viburnum Comp | 9 |

# LOCAL URETHRAL MEDICATION.

BY J. B. BOOK, M. D., DETROIT, MICH.
Professor of the Principles and Practice of Surgery and Clinical Surgery, Michigan College of Medicine.

(*Leonard's Illustrated Medical Journal, January, 1882, p. 10.*)

SOLUBLE BOUGIE—LONG SIZE, 6½ INCHES.

SOLUBLE BOUGIE—SHORT SIZE, 3 INCHES.

"The direct application of remedies to the urethra is not a new idea, but the solution of remedies in gelatine and moulding into bougies of convenient size and length, is of comparatively recent origin. Formerly our medicated bougies were rather cumbersome affairs and very difficult to introduce. Now the soluble medicated gelatine bougies have the neat and finished appearance of modern remedies, and are introduced without inconvenience to patient or physician. In the treatment of urethral inflammations, whether of specific origin or not, the physician can not always depend upon his patient carrying out his prescription in detail, and even where such dependence can be placed upon the patient, we frequently find ourselves compelled to resort to a variety of treatment before we succeed in effecting a cure. For several months past I have been using the soluble medicated gelatine bougies made by Dr. Chas. L. Mitchell, of Philadelphia, for all forms of urethritis. He manufactures a variety of formulæ and classifies them as "regular" and "special medications," and makes them either long or short, so as to be applicable to either chronic or acute cases. The short ones are about three inches in length and reach far enough along the canal to cover the ordinary extent of an acute gonorrhœa. The long ones are over six inches in length, and are supposed to medicate as much of the urethra as is likely to be affected in gleet or chronic urethritis. The regular medications are specially recommended for general treatment, and with them I have made many cures. The special medications consist of the astringent, astringent and sedative, astringent and anti-septic, and sedative.

I have treated many cases of acute gonorrhœa by simply introducing each night a bougie containing a half grain of Sulphate of Morphia, or a grain and a half of extract Belladonna, thereby relieving the pain and preventing chordee, while at the same time I would keep the patient on low diet and avoid everything of a stimulating nature. Each case has to be treated according to its own individual peculiarities. If there is not sufficient pain to make it a prominent symptom the "regular" bougie will be all that is necessary. One introduced at night, first dipping it in water, then close the meatus by means of a strip of adhesive plaster passed over the head of the penis; this will keep the gelatine from running out and soiling the clothing. About one dozen will be required to effect a cure in the majority of cases. An occasional case will occur where the remedies applied in this way will have no apparent effect. These are the cases which are troublesome under any treatment and usually run along to a chronic stage, and finally disappear we know not how. I believe that any case can be cured by the persistent use of the long bougie medicated with Zinc Sulphate, gr. ½; Acid Carbolic, gr. ¼; Ext. Hydrastis, gr. j; Ext. Belladonna, gr. j.

One advantage of this form of medication over the use of injections is the prolonged and thorough action upon the diseased part—the remedy by its shape, distending and reaching every portion of the urethra, and requiring several hours for solution. There is neither possibility nor danger of stricture, the walls of the urethra being prevented from contracting. I have not had orchitis as a consequence in any of my cases treated by this form of local medication.

In all forms of chronic inflammation where the deeper parts of the urethra, and particularly the prostatic region, are involved, it is important that the diseased parts receive direct local applications. The ordinary urethral syringe is generally selected as the agent with which to make these applications; but in the hands of the average patient it fails of reaching the spot with the injected fluid. Dr. Mitchell has made what he calls a Bougie Carrier, an instrument designed to carry smaller medicated bougies to the deeper portions of the urethra. The instrument consists of a canula about ten inches long, the size of a 20 sound, bent to a proper curve and graduated in inches. Through the canula works a flexible steel stilette, tipped at one end with a probe point, and forming, when fitted into the tube, a smooth, rounded extremity. This instrument is passed into the urethra in the same manner as an ordinary silver catheter, until the scale shows it to have reached the desired depth. The stilette is withdrawn, a bougie well oiled is slipped into the tube and then forced down by means of the stilette until it is ejected from the instrument into the urethra.

The hyperæsthesia and congestion which we have in cases of prostatorrhœa and spermatorrhœa can at least be greatly relieved by remedies applied in this way. I am at present treating some of these distressing cases in this way with a fair prospect of success."

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**Urethral Bougies—Price to Physicians, $1.00 per box of Twelve Bougies.**
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**Pharmaceutical Chemist and Manufacturer of Soluble Gelatine Preparations,**

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THE

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—A MONTHLY JOURNAL OF—

PRACTICAL MEDICINE.

LAWRENCE & SON, - - - - - - PUBLISHERS.

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VOL. X. ST. LOUIS, MAY, 1882. No. 5.

[For the Brief.]

## Irritability of the Sexual Organs.

EDITOR MEDICAL BRIEF:—In the February number of the BRIEF, Dr. J. J. Jones gives a positive cure for nocturnal emissions of semen. I have no doubt that his mode of treatment is good, but I am under the impression where there is much irritability of the sexual organs he should use internal medication, and as there are so many physicians who have not the instrument at hand he speaks of, I will give a prescription which I have found in my hands very valuable. In my younger years I tried almost everything that was recommended in our text books, and in almost every instance failed. I finally began using the following prescription, which, in my hands, has never failed, and I can recommend it with confidence. Try it, and report through the BRIEF:

R. Camphoræ.....1 drachm.
Ext. Opii.....2 grains.
Pilulæ Hydrarg..... ½ scruple.
Pulv. Acaciæ.....2 grains.

M. Sig.: Divide in eight pills and order two to be taken every evening at bed time.

Also, give ten grain-doses of bromide of pot. every morning.

La Paz, Ind. A. MOORE, M. D.

[For the Brief.]

## Puerperal Convulsions.

EDITOR MEDICAL BRIEF:—In reply to inquiry of W. G. Putney, in BRIEF for August, 1881, Dr. Crum, of Dumas' Store, Ala., reports a case of puerperal convulsions treated by him, with two hypodermic injections, at intervals, of three-fourths grain sulph. morph. "Patient remained in same condition, without convulsions or reaction, thirty-six hours, when life quietly went out." We should think so, and that the same result would generally follow three-fourths grain morphia hypodermically. When a doctor gives three-fourths of a grain of morphia hypodermically, and the patient dies, is it best to publish the case in a medical journal? We think not. One-third of a grain of morphia hypodermically, repeated at proper intervals, would be all any doctor should use without danger of life "quietly ending." We like Dr. Stinson's blister over uterus better, August BRIEF, 1881, page 460; also Dr. Poe's 25-grain doses of chloral, March BRIEF, 1882, page 139.

G. O. SMITH, M. D.

Odessa, N. Y.

[For the Brief.]

## Palpitation of the Heart.

EDITOR MEDICAL BRIEF:—The case I bring, is one I trust the subscribers to the BRIEF will give prompt and careful attention to, for it is one that has so far, resisted skill and medicine, and the poor sufferer would be under lasting obligations to any one offering means or remedies for the alleviation of her sufferings. The patient is a female, aged forty, light hair, fair complexion, blue eyes, and of a nervous temperament, family history good; was married in 1857 at the age of sixteen years, and up to 1866 was quite healthy. In January of the same year she gave birth to her fourth child, and in eighteen months she was again pregnant, and at third month of gestation had an abortion, caused by drawing five buckets of water in succession, from a well that had no windlass, therefore had to pull them up with her hands. In November, 1868, she aborted the second time, three months "gone," entirely painless, but hemorrhage profuse. In the spring of 1869 she had another abortion of the same kind which kept her in bed for three months, and was then treated for ulceration of the mouth of the womb and recovered her strength somewhat; but to use her own words, "have been quite feeble ever since." About this time she discovered a pulsating tumor just below the stomach, about the bifurcation of aorta, and had spells of palpitation two or three times a year. In December, 1871, she gave birth to a fine boy, and took medicine for the first three months to prevent abortion. During the summer of 1872 she again became pregnant, and not thinking it necessary to take anything to prevent abortion, aborted at the end of three months. During this time she was a constant sufferer of indigestion and occasional palpitations, and the pulsating tumor worried her a great deal mentally.

In 1873 she had another abortion, which confined her to bed for three months and was again treated for ulceration.

In 1875 she gave birth to her sixth and last child, and since his birth her health has remained the same, still suffering from indigestion and palpitation; has never suffered any pain in region of heart or tumor; has no pain but a "full, heavy, distressing feeling in her stomach." Her menses have always been regular and free from pain, somewhat profuse at times but not enough to create any uneasiness. Within the last year she has suffered from an intermitting pulse, which she says "causes her uneasiness of mind and feelings." Sometimes she passes two or three weeks without any bad feelings (no pain) about the heart, then again she will suffer for several days, off and on, with intermissions; but the violent palpitations come on very suddenly, without any premonitory symptoms whatever—bodily exertions or fatigue. The following are her words, "sometimes I am sitting very quiet and can feel my heart quiver as if it was filling with blood, then it commences its violent palpitations, which is like the beating of a bird's heart when it is frightened." There is no regularity in the spells, they may be six weeks or three months apart. I have never seen her in but one, which she said had lasted six hours. On my arrival I gave her three drops of verat. and thirty grains brom. pot., which controlled the heart's action in fifteen minutes; she has taken bismuth and pepsine for indigestion, but says it did no good. I wish to know the cause of those violent palpitations and the nature of the pulsating tumor. I trust the subscribers to the BRIEF will give me their views and the best treatment in this case

J. A. WEISINGER, M. D

Brown's Station, Ala.

[For the Brief.]

## Chronic Diarrhœa.

EDITOR MEDICAL BRIEF: — In reply to Dr. Toler, of Astoria, Ill., I will state, if he will place his patient under the following treatment for chronic diarrhœa, he will, I think, be well pleased besides giving permanent relief to his suffering patient: Give the patient bichlor. of mercury pills, one to three per day, of 1-60 grain, to the number of thirty, then place him under the following treatment: Give five to twenty grains of salicine for thirty days, with plain dry toasted bread or bran bread; drink no coffee, not much water during the day, if at all, let it be fresh rain water, and at meal time use Calx water; eat at regular stated hours; if there is much nervous exhaustion give bromide potass. dissolved in water, thirty grains at a dose, at bed time, telling patient to wear a bandage of flannel, ten inches wide around the waist, wet in cold water, on going to bed; have the patient use a chloride of sodium bath on rising in the morning, thoroughly rubbing the spinal column with a crash towel or coarse brush, and I am positive that you will find your patient well in a few weeks, besides relieving a fellow being from an old war-acquired disease.

Salem, Ore. H. L. ADAMS, M. D.

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[For the Brief.]

## Œsophageal Spasm.

EDITOR MEDICAL BRIEF:—Very many inquiries for advice are made in the BRIEF, to which no answers are ever given, and doubtless some anxious doctor and suffering patient hangs a hope upon the favor requested, but dreams of help and relief in vain. The doctor promises—the patient takes another prescription, while the hoping doctor waits for a kind suggestion to help him out of his dilemma; but ere some considerate soul has responded the patient has slipped his fingers to the list of doctor number two, or has gone to sing with the angels. Now, books don't teach us everything we should know, life is too short to learn it from experience and observation, and the soundest principles in medicine can not always point unerringly to the remedy. Will some kind soul help me—I too, have a case? The request for suggestions is made expecting them in next number of the BRIEF. Let those who have successfully treated such a case all speak at once. Will Dr. P. H Cronin speak too?—Hope so: W. B., fifty-five years, weighs 160 pounds, six feet high, farmer, and was for many years liable to sprees (big sprees), has been a perfect stranger to the ardent for four years. Seven years ago he began to experience a difficulty in deglutition. By degrees his swallowing both fluids and solids has grown worse, until now every meal is interrupted by œsophageal spasms, the bolus stopping below the action of the voluntary muscles often causing great distress. The patient is a hard worker, uses tobacco moderately. I have tried phosphorus, valerianate zinc, and strychnia in combination, brom. pot. and belladonna, iron, quinia, and fld. ext. valerian and sympathy. Have not tried electricity. How shall I wake the œsophageal plexus of nerves controlling the circular plane of muscular fibres. I am aware of the obstinacy of chronic nervous troubles.

Randall, Ark. D. B. BUNN, M. D.

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[For the Brief.]

## Aching Piles.

EDITOR MEDICAL BRIEF:—I see in the February number of BRIEF, page 99, that Drs. Taft Bros. have aching piles, so called, to contend with. If they will use cold salt water to bathe the parts in, and keep the bowels open, they will be pleased with the result.

Oakland, Tenn. CLAY IRWIN, M. D.

[For the Brief.]

### Syphilis.

EDITOR MEDICAL BRIEF:—I would suggest to Dr. C. E. Q. Warren that he place his syphilitic patient upon potass. chlor. and use it both locally as a gargle combined with tinct. opii, tinct. galls and tinct. iodine, and administer it internally to correct the constitutional dyscrasia. I use a saturated solution with the addition of syrup, teaspoonful three times a day, alternating with the following:

R. Potass. Chlor..... ½ ounce.
Ext. Stilling. comp. fl.. 1½ ounces.
Ext. Sarsaparil. c. fl... 1½ ounces.
Ol. Gaultheria.....30 drops.
Syr. Simp..... 1½ ounces.
Aquæ Puræ..... 3 ounces.
M. ft. sol. Sig.: Teaspoonful three times a day.

The probabilities are that the patient will have to be kept under this treatment for several months, especially if he has been mercurialized. I have had many such cases, and have only been able to successfully master them by this treatment. W. W. BAILEY, M. D.
Fort Smith, Ark.

---

[For the Brief.]

### Dysmenorrhœa.

EDITOR MEDICAL BRIEF:—Will some of your many readers please tell me, through the BRIEF, how to relieve my patient, Mrs. T., aged twenty, who has been married three years—no children? She menstruated at the age of thirteen; has suffered, the parents say, very much; regular as to time and quantity, but her suffering is equal to that of any lady I ever attended in labor. She never had a physician called until about four months ago. Since which time I have been to see her as often as necessary. The uterus is not well developed, the os very small, round and contracted. She weighs 120 pounds, is well formed, general health good, appetite good, bowels regular. T. A. TAYLOR, M. D.
Mintonville, Ky.

[For the Brief.]

### Preservation of Vaccine Virus.

EDITOR MEDICAL BRIEF:—I noticed Dr. Banes' article in the March number, on preserving vaccine virus. I have also received a circular from the Board of Health of the City of New York, in which it is stated that "vaccine crust, dissolved in glycerine, becomes poisonous in a few hours from decomposition." If there is so much danger from glycerine coming in contact with the virus, why should Dr. Banes use glycerine in preference to sweet oil or any similar substance to protect the virus from the atmosphere. I have a tape worm which has been perfectly preserved in glycerine for ten years. I have been in the habit of dissolving crusts in glycerine and carrying them with me for weeks at a time, for the purpose of vaccinating, and have found no bad effects from it. I am writing for information, and would like to know the best plan for preserving virus for daily use.

Brandon, Miss. D. B. GUNN, M. D.

---

[For the Brief.]

### Diagnosis and Treatment Wanted.

EDITOR MEDICAL BRIEF:—I have a patient forty years of age, a farmer by occupation, temperate in his habits, both eating and drinking; has never been troubled with rheumatism. Two years ago he was attacked with a pain in the great toe of the right foot. It was confined to that toe for one year, and then the little toe of the left foot became affected in like manner. The pain is so severe at times that he is hardly able to get out of his chair; the pain is not nocturnal. His urine is perfectly healthy, and of normal quantity. Will some of the older physicians please give diagnosis and treatment?

C. E. DANFORTH, M. D.
Grantville, Mich.

[For the Brief.]

## Dysentery.

EDITOR MEDICAL BRIEF:—As I have received so much benefit from formulas which I have seen in the BRIEF, I feel it my duty to contribute something for the benefit of others. Probably every doctor of any considerable practice has choice prescriptions and special or specific cures within his knowledge that is unknown to others. If such would contribute these for the general good, it would make a valuable mass of facts. For instance, the following, in dysentery, I have tested in scores of cases:

R. Tinct Aconite (root)...5 drops.
Aquæ .....4 ounces.
M. Sig.: Teaspoonful every hour.

R. Bi-Chlor. Mercury.... ½ grain.
Aquæ.....4 ounces.
M. Sig.: Teaspoonful after each operation of the bowels. These doses for adults.

I have never had a failure with the above in cases of dysentery or diarrhœa verging on to dysentery in either children or adults. If there is no blood in the stools, I give the aconite once in fifteen minutes or half an hour, a few times before commencing with the bichloride, and if the fever is high I give the aconite oftener than once an hour, but not in larger doses.

Tonica, Ill. GEO. N. JENNINGS, M. D.

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[For the Brief.]

## Foreign Substance in Stomach.

EDITOR MEDICAL BRIEF:—Will some of your many readers tell me what I can do for my patient, Mr. S., who, while drinking water from a pump, had misplaced a small rubber plate with one tooth attached, and forced it into the throat, and before I could reach him the plate entered the esophagus, and in about twenty-four hours passed into the stomach. It has now been there about six months, and it gives but little inconvenience. He says it very often feels as if it were trying to get out of the stomach.

Calhoun, Ga. W. J. REEVES, M. D.

[For the Brief.]

## Cystitis.

EDITOR MEDICAL BRIEF:—If Dr. Culler, of Jefferson, Ind., did not hold an autopsy on his case of malarial fever, I might suggest that the patient may have died from aneurism. The malarial dyscrasia may have been a remote factor in the ultimate termination of his original infirmity. Since he walked more or less during the apyrexia, his condition must have been intensely weak, so much so that he could not walk, so as to promote apoplectic phenomena. I have seen apoplexy succeed violent exercise in debilitated subjects, and in some cases hemiplegia, but never immediate death.

Dr. Bowling, of Davisville, Ala., will find the introduction of the catheter, and continued drainage for several hours at a time, to be beneficial. I suggest this as I imagine or realize the pathology from its chronicity. Local applications may be utilized, and I think an injection of comp. tinct. iodine and carbolic acid may be relied upon as a corrective, viz:

R. Tinct. Iodini comp....2 drachms.
Acidi Carbol. (cryst.)..1 drachm.
Aquæ q. s. add.....1 pint.
M. Sig.: Use as an injection twice daily, after complete emptying of bladder.

Unfortunately this cystitis is a sequelæ to old age, and comfort is all that can be hoped for, as the agony is extreme in such cases. A general nerve tonic would be indicated, such as the comp. syrup of the hypophosphites (lime, soda, iron and potash). GEO. N. MONETTE, M. D.

New Orleans, La.

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[For the Brief.]

## An Open Letter.

EDITOR MEDICAL BRIEF:—I have read, with considerable interest, the article by Dr. G. W. Carpender, of South Bend, Ind., under the above caption, in the January number of the BRIEF. Dr. Carpender asks what the word "quack" means. According to Webster, it means a pretender, i. e., a person who pretends to be that which he is not. Doctor, while you are my senior in the practice of medicine by more than three decades, you certainly have some misconceptions concerning quackery, and while you seem to want the word erased from the vocabulary of medicine, and not be known any more in medical ethics, I would most respectfully beg leave to differ with you. We do not, however, wish to call any man a quack simply because he may differ with us in the treatment of any special case, or any class of diseases; nor because he believes in eclecticism or homœopathy; nor from the fact that he makes a specialty of any particular class of diseases; nor because he presents his card to the public in any legitimate manner that may best please his fancy. But there are two classes of persons to which I think the word "quack" applicable in all its most derisive significance: To the first class belong all those self-made, self-denominated doctors, who, after a few months casual reading at home in some old, antiquated books, launch themselves forth into the arena of medical life, and palm themselves off on a willing-to-be-humbugged public as regularly educated physicians, devoid of a single well-based idea of anatomy, physiology, pathology, therapeutics, or any other branch of practical medicine. To the other class of quacks belong those who are engaged in the pernicious habit of manufacturing and palming off, on a credulous public, the numberless patent nostrum cure-alls that infest all the drug stores of the country. Now, to recapitulate, we think the word "quack" applicable to all who claim to be doctors, without that indispensable prerequisite, knowledge of medical science, and to those who claim to cure, infallibly, an infinite number of heterogeneous diseases of diverse causations, and dissimilar pathological characteristics, with a single unknown compound. I studied allopathic books and have my diploma from an allopathic school, but I have as much friendship and professional courtesy for my eclectic and homœopathic brother practitioners as one could have. Now, Dr. C., study quackery a little more, and don't consider yourself a "quack" unless you belong to one of the above named classes. If you make a specialty of cancers, all right; we would be glad to learn something more about them. We have read your articles in the BRIEF for two years with much interest, and hope to read them two, or more, years to come.

Scottville, Ark. G. A. PARSONS, M. D.

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[For the Brief.]

## Copulation as a Cure for Hysteria.

BY PHYSICIAN.

EDITOR MEDICAL BRIEF:—Some four months since I was called to attend a Miss Mary ——, and as her case may prove of interest to the readers of the BRIEF I will report it:

The young lady in question was taken with hysteria, with the usual symptoms described in the books. For example: She would have a fit of crying, followed by one of laughing, she would then remain in a state of insensibility until aroused by the shocks of a galvanic battery. She would sing, laugh, cry, become irritable, then cry and moan, throw herself upon a bed and pass through what appeared to be convulsions, that is, she would draw her hands and arms up to her head, then draw up her legs in

the position of flexion. In a few hours all seemed to be over with her. The skin would be cold, heart palpitate, and the face lose its natural color When restored she said she had always been troubled in this manner during her menstrual epochs, which gave her great pain. I informed her that she was subject to dysmenorrhœa of a neuralgic type, and that she must take warm baths and use ergot at those periods; also, to hasten her marriage. I am of the opinion that the disease was due to unsatisfied sexual appetite, and have received information from my patient that since her marriage the hysterical symptoms have entirely disappeared.

Mr. Berg has shown that hydrophobia is more frequent in the bitch than in the male, and condemns the practice of isolating the dog. Man's nature is, in many respects, like unto the quadruped. He has his appetite for food, drink, sleep, and for copulation—all are necessary to a healthful life and body. Reason is given him to control himself, and if he listens to its voice all is well.

The practice of recommending marriage and pregnancy to consumptive women is wrong; it may have a tendency to cure consumption, but is criminal, as it transmits the disease to another. It should be prohibited by statute. Copulation in reason is a certain cure for hysteria, as the experience of many medical men will affirm, provided, of course, it is used in reason. Ergot is a remedy for most of our menstrual diseases, but before using it an examination with the speculum must be made, and all malpositions of the uterus must be corrected, else it does harm. A certain amount of prolapsus of a slight nature is always present after pregnancy. The uterus falls from one to one and a half inches, sometimes more. The falling or prolapsus is due to the straining and expulsive force necessary in labor.

[For the Brief.]

## Insanity.

EDITOR MEDICAL BRIEF:—Our superintendent of the State Insane Asylum has just published his annual report and says that during the past year fourteen patients were received at the asylum who, after close examination, were proved to be perfectly sane. These cases had been duly passed upon by their home physicians and the court of insanity, after a thorough and careful investigation, and were adjudged as insane. The nine attending physicians at the asylum received them as insane, and after their investigation, committed them to the asylum as insane, but within a couple of days, after a closer investigation, discharged them as perfectly sane, and further said that they had never been insane. Will our brother M. D 's give reports of each insane asylum in every State in the Union?

Boston, Ind. A. C. MACHETTE, M. D.

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[For the Brief.]

## What is "The Fever?"

EDITOR MEDICAL BRIEF:—Dr. K. Taylor describes a case which he calls an anomaly, and desires a treatment. Those cases are rare, yet I have met with two in my practice, and both recovered perfectly by the use of valeriate of iron, in its usual dose, three times a day. Let him try it.

But he speaks of a still more mysterious disease, which he calls "the fever." Now what is that? We have yellow fever, typhus fever, typhoid fever, bilious fever, etc. But what is "the fever?" I have read carefully our standard works—our best medical journals of Europe and America for the last thirty years and have never found "the fever" described. What is it, and how does it affect the patient, and what is the treatment? Let some one who knows answer. J. A. REAGAN, A. M., M. D.

Weaverville, N. C.

[For the Brief.]

## Maternal Impressions and Magnetic Conception.

EDITOR MEDICAL BRIEF:—If a mother's disposition can be transmitted to the unborn babe, why can not sudden agitation of any kind so act upon the brain, mind, and nerves as to suddenly draw, or force, a surplus of blood to some particular place on the fœtus corresponding to the same place on the surface of the body at the immediate time first touched by the mother, and the same sight or impression be deeply impressed. Trogus, Fernelius, Lemnius, Baptista Porta, and other noted ancients, firmly believed in maternal impressions, and though neither ancient nor modern writers know the philosophy of it, should we refuse to believe in maternal impressions, since the best part of our knowledge is that which teaches to us where knowledge leaves off and ignorance begins? But there are other impressions, to me, as striking as the maternal — the impressions received from "Blonde's" description of a magnetic conception. The tragic romance, as cited by him, bears a likeness to a tale as told by Goethe. Why does he fear lest some one may wink, and call his revelation a "coincidence"? While it is well for those of the profession to respect the code of ethics, is it not also fitting to observe the code of propriety? Why was treatment continued, and patient exposed to specular examinations three times weekly, after a cure had been declared by the physician in charge? If the patient was so like unto the ideal type of wife and woman, as "Blonde" insists, she should never have borne "reproach," but as Cæsar said of his wife, "she should be above suspicion." And why should patient not become enceinte, after being so speedily cured, and treatment continued at the rate of three times per week? Would it have been wisdom, or folly, to continue treating patient when people dared make such bold insinuations? Why should this virtuous, noble woman, bathe her pure self in tears and discuss these dire reports with her physician, instead of instantly, but kindly, dismissing him from further service? And so "the doctor cured her too easily" (so said the people). "We will wait and see if the babe is a 'blonde.'" Eight months and one-half after conception patient falls, and undoes much that had been previously done. (The doctor is skillful in making computations of time!) However, patient was at once delivered of a wee blonde babe, and, quoting the doctor's words: "I laid a wee babe on my last love's bosom, so lovely, we called it 'Lilly.'"

We acknowledged the feeling which sprang involuntarily from both our hearts, but the conception was a "magnetic one."

If any other professional brother has had a similar case, will he please give us information concerning it? P G.

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[For the Brief.]

## Substitute for Carbolic Acid Wanted.

EDITOR MEDICAL BRIEF:—I would be pleased to hear from the profession in regard to the best substitute for carbolic acid in salves; also the proportions to be used as compared with the latter. While carbolic acid is a good antiseptic, it is also irritating. I want something that will render a salve antiseptic, odorless, and bland. Information on the above subject would be appreciated.

Omaha, Neb. F. SCHERER, M. D.

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[For the Brief.]

## Chloasma.

EDITOR MEDICAL BRIEF:—Dr. W. W. Woodward asks for treatment. Sulphur, internally and externally, will cure his patient. S. S. R., M. D.

St. Louis, Mo.

[For the Brief.]

## Induration of the Cellular Tissue.

EDITOR MEDICAL BRIEF:—I think I can give Dr. L. J. Farleigh some information in regard to his case, page 107, in November BRIEF. Mrs. Andrews brought to my office a little boy five months old, a twin, who had a great many blue spots on its legs, arms and body. Some of the spots were about the size of a bullet; others would measure three inches. They were quite hard. The edges of the large ones were quite rough and movable. The child's temperature and pulse were normal. The discharges from the bowels were of a green color, and the urine stained the clothes to a deep yellow. The child was quite hoarse, and could not cry out aloud, with difficult breathing. It could nurse with considerable difficulty. The skin was of a jaundice color. I told the lady I would look up the case, as I had never seen anything like it. I looked over several authors, but failed to find it. Finally I took down Condie on the diseases of children, and found a complete history of the case on page 741. He says induration of the skin is a rare disease in this country, he having met with but twelve cases of it. He says the disease is but little under control of medical treatment. I thought the prognosis unfavorable, but concluded to try what could be done in the case. I put the patient on chalk, mercury, ipecac, and saccharated pepsin, in small doses, one powder every three hours. I had him placed over a vapor bath each evening, for about five minutes. On being taken out of the bath, the body was rubbed with a dry cloth, and then enveloped in flannel. Continued this treatment five days, and then discontinued the use of the bath, as I found it weakened him. At this time I added sulph. cinchonidia to previous mixture. In a few days, finding the throat was getting sore, stopped the chalk and mercury and used chlorate potass. instead. At end of second week found most of the spots had changed their color from blue to yellow, were not so hard, and had decreased in size. Also found he could breathe better, was not troubled so much in nursing, and that the skin had resumed a more natural color. At this stage of the disease I stopped the use of the first prescription, and put him on comp. syr. stillingia and comp. syr. sarsaparilla, equal parts, with iodide potass. He improved very rapidly, and to-day may be considered well. I have talked with older physicians than myself about this case, and they all state they never saw a case like it. I have been practicing medicine twenty years, and this is my first case of this kind.

JAMES R. SCOTT, M. D.
Edgewood, Ill.

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[For the Brief.]

## Diagnosis Wanted.

EDITOR MEDICAL BRIEF:—Will the readers of the BRIEF tell me what is the matter with my patient? Male, twenty-five years of age, stout, and healthy, with no scrofula or syphilitic diathesis. When fourteen or fifteen years old, while running very fast, he struck the ball of his foot against a rock, causing at the time considerable pain, but it eventually passed off as all such injuries do in boys, and nothing more was thought of it until within the last four or five years, when he commenced to suffer from a pain of an excruciating character in the toe next to the small toe, in the right foot; there it would remain two or three days, and entirely subside, to return in the other foot and in toe next to small one. The attacks are intermitting. Monthly, in the left leg, there is sometimes a tenderness and pain near the patella, on left side of leg. Please let me hear from you, gentlemen. B. I. A. CULL, M. D.
Camilla, Ga

[For the Brief.]

## Observations on Ethics, Miasma, Etc.

BY A. LIVEZAY, A. M. M. D.

EDITOR MEDICAL BRIEF:—Returning from my annual visit to Florida on March 25th, I found three numbers of the BRIEF and the first number of the "Gleaner" awaiting me. I like the "Gleaner," and it must prove very valuable to the general practitioner; but I beg leave to suggest that if arranged under special heads or departments it would look better.

Well, miasm has been well ventilated, almost time, I think, to let it pass, for each one of us will still have his peculiar notions respecting it. It is a curious agent; it comes upon us, we know not whence; it goeth, we know not whither. It sleepeth in the system for definite periods, if undisturbed, and awakes to give the individual a shake. A lady rushes into my office from the street and says, with alarm, "doctor, I am beginning with a chill." I bare the nape of her neck and pour thereon a drachm of fire-fly, which runs down the spinal column to her waist, and in ten seconds the chill is arrested, the miasms expelled! A pump handle, if well worked, if it works hard, will often prevent a chill. An old clergyman, in ye olden time, when candles were used in the church, saved the snuffs from the wicks and cured his congregation of ague by their administration. It is very curious what simple agents will sometimes rid the system of this terrible, poisonous (mythia) miasm! Let miasma pass.

So too, with maternal impressions. We shall never agree. Each one of us is impressed with his convictions. Dr. Wagner wants categorical answers to two questions, which can be best answered yankee fashion, by asking him one: Do you suppose for one moment that the striking cases cited by Dr. Hand and several others would have occurred if the mothers had not been impressed or frightened, as they individually were? I once attended upon a mother—third child—who was annoyed by the children bringing in an opossum and throwing it down behind her. Her babe had the contour and the grin of an opossum and lived twenty months to torment her. Another mother was frightened by a ground mould (talpa) suddenly cast upon her hand. Her subsequent babe had a hand closely resembling that of the animal with soft hair upon the dorsal surface. I now ask Doctor Wagner again, had not these two women been frightened thus would their babes respectively have been thus deformed? Certainly not. So let us pass this subject also.

Amen to all Dr. Carpender says in January number of BRIEF about ethics. I am older than he in practice, and have closely read all the pathies, also botanic and Thompsonian works and have found some good things in all. The good old vapor bath and the good old lobelia injections in certain cases are invaluable, and I am bold to say that no man can do full justice to some patients without resorting to their use. I will instance convulsions, especially in children, when nothing can be given by the mouth. I treat some cases quite homœopathically and some by Scudder's specifics, and others by special eclectic remedies, etc. In other words, I give my patients whatever experience and common sense demonstrates to be best, regardless of schools or pathies. I will not stick in the old ruts of medical practices of Cullen, Wood, Watson or even Birkhead. No wonder that Byron stigmatized the old bloody practice as "the destructive art of healing;" no wonder the late Prof. T. D. Mitchell declared that a "good constitution often triumphed over the disease and the folly of the doctor." I do not

think we have any persons in this community sufficiently "stout, robust, and plethoric" that would bear such a terrible onslaught of treatment as that advised by Dr. Birkhead in pneumonia. If the desire is to convert any honest man's flesh and blood into guano simply, let him follow such leading. Wood, Watson & Co.'s practice belong to the past generation.

Yardleyville, Pa.

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[For the Brief.]

### Pruritis Ani.

EDITOR MEDICAL BRIEF: — Perhaps one of the most obstinate diseases the medical man has to contend with is pruritis ani. An examination reveals nothing in most cases than a slight irritation of the mucous membrane, and this is perhaps due to irritation from scratching. Most authorities consider it a nervous affection. I have found it very rebellious to treatment, and inquiry amongst the profession has not enlightened me in regard to its therapeutics. I have used ointments of calomel, corrosive sublimate, mercurial and citrine, bismuth, sulphur, and a host of others that have been recommended, with not a single successful case, until I accidently hit upon the following formula:

R. Flowers of Sulphur....1 drachm.
Petroleum Mass.....1 ounce.
M. Make an ointment. Sig.: Apply night and morning.

The relief to the itching is almost immediate. The remedy would indicate that the disease was of a parasitic origin. I have succeeded in all cases since using the above remedy. I had combined the sulphur with cosmoline, vaseline, lard, simple cerate, and all without a particle of benefit. The sulphur forms a combination with the mass that seems to be applicable to these cases. In dandruff and itchiness of the parts of the body covered with hair it acts almost specifically. M. MILTON, M. D.

Bradford, Pa.

[For the Brief.]

### Anti-Code.

EDITOR MEDICAL BRIEF:—Very much is being said in New York, among physicians, in regard to this thing code. An old adage is "if one hears another extol his own honesty, watch him." These very men who are censuring others for a violation of the code of ethics, etc., would be autocrats if they could. I often wonder if this New York code furnishes bread and butter. If it does, it is, of course, all right, but my idea is the bread is thin and the butter thinner, and while these societies are wrangling over the code, others are picking up the shekels. My own idea is to let the code go, and manage your own business as any other business man does—make the most money you can honestly. I would meet a homœopath in consultation as quick as any other man, if I thought I could benefit some human sufferer and make $10 beside, and so would any and all the wranglers who are preaching one thing and practicing another.

Yorktown, Ill. S. M. GREEN, M. D.

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[For the Brief.]

### Hæmorrhagia — Malarial Fever — Jaundice.

EDITOR MEDICAL BRIFF:—Will some of the medical brethren give me the best treatment for hæmorrhagia, malarial fever or black jaundice? Is quinia, calomel, and opium contra-indicated? Also, if chloral hydrate, and quinia are incompatible? T. W. ALINGTON, M. D.

San Patricio, La.

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[For the Brief.]

## Bilious Fever—Strangulated Hernia.

EDITOR MEDICAL BRIEF:—If Dr. W. T. Hensley will try the following treatment in bilious remittent fever, I am satisfied he will no longer wait for a time to administer quinine. Should you see your patient in any stage of the disease, give:

R. Hyd. Chl. Mite.....12 to 15 grains.
Quiniæ Sulph.....12 to 15 grains.
Mass. Hydrarg.....12 to 15 grains.
Ext. Aconit. pulv..... 1½ grains.
Ext. Tarax., q. s.
M. ft. pil. No. 6. Sig. Two every hour.

One hour after last two are taken, give:

R. Ol. Ricini..... 1 ounce.
Spts. Terebinth.....½ drachm.
M. Sig.: Take at one draught.

As soon as the bowels have moved, then your patient is ready for:

R. Quiniæ Sulph.....2 to 3 scruples.
Acid Hydrochl. q. s.
Liq. Opii Sedat.....½ to 1 drachm.
Aq. Menth. Pip. q. s. add. 1 ounce.
M. ft. sol. Sig.: Teaspoonful every 4, 5, or 6 hours.

The amount of quinia and Batley's sedative to be governed by the severity of the case. I pay no attention whatever to the stage of the disease in the administration of the latter recipe, for I firmly believe very valuable time is often lost, never to be regained, by waiting until "when there is no intensity of the morbific cause," etc. Should there be any tendency to suppression of urine, I omit the Batley, though it adds greatly in preventing nausea, and the head troubles of quinine. For a tonic I order the recipe refilled in the largest proportion, and instruct to dilute with three times the amount of water, "a teaspoonful three times daily." I hope this may have a fair and impartial trial, and results noted in the BRIEF.

If Dr. C. C. Broaddus, of Bowling Green, Va., with his next case of strangulated hernia, will have his patient stripped of clothing, and two stout men seize him by the legs and suspend the patient, head down, and give short, quick jerks every ten or fifteen seconds, both acting together, I think he will find the hernia reduced, that, a few moments before, looked as though nothing but the knife would relieve. Try it, gentlemen, and report results in BRIEF. I never found this simple, rational method laid down in text books, but received it from my old preceptor, and have used it for years with a never varying success. I hope that in order to condense I have not failed to make myself understood.

Shreveport, La. A. R. BOOTH, M. D.

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[For the Brief.]

## Answers to Inquiries.

EDITOR MEDICAL BRIEF:—Dr. Kremers wishes for remarks in reference to quinia. Dr. Kremers is informed that it has parturifacient action in some cases, and that in cases of malaria, where much has been taken, no effects in this respect can be expected, as the system has become accustomed to it.

Dr. J. C. Toler will do well to try ergot providing patient is not a female, and said female is not pregnant.

Dr. Warren is requested to try the following in his case of syphilitic sore throat:

R. Cyanide of Mercury...½ grain.
Water.....½ ounce.

To be used as a gargle, night and morning.

W. R. G. is requested to paint the back and chest with tinct. iodine, then envelope patient in cotton wool, and give iodide of potassium in half-scruple doses, night and morning, in water.

J. W. Walke, Jr., M. D.: If the doctor will paint the ankle joints with tinct. iodine, elevate the limb, and keep his patient in bed, he will do well. He will also assist to reduce the dropsy of the lower limbs by using infusion digitalis, drachm ter in die, in a glass of water.

W. B. Mend, M. D.: If you will try injections of white oak bark, give tonics

and cod liver oil, I believe you will help your patient. In leucorrhœa you are liable to have prolapsus uteri also, as the vaginal canal becomes relaxed and allows the uterus to fall of its own gravity. Hence it will be well to examine for uterine displacements. Use a Sims' duck bill and ring support if you can not get the cup shaped, if any displacement exists of the nature spoken of, viz: prolapsus uteri. M. D.
New York.

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[For the Brief.]

## Gulf Weed.

EDITOR MEDICAL BRIEF:—In January number of BRIEF Dr. Taylor says its English name is laver and its botanical name sargassum bacciferum. In February number Dr. Scherer says its English names are sea-weed and bladderwrack, and its scientific name fucus vesiculosus. Dr. Parr, in April number, asks if they are the same, and says it seems that gulf weed was not very well understood, and some of the profession have inquired as to what it is and where it could be found—fucus vesiculosus. This fucus is found on the coasts of England, Ireland, western France, Spain and Portugal. It is also a native of the United States. It is called marina bladder, sea oak, sea wrack, and yellow bladderwrack. In Ireland it is used by the poor as an article of diet. Its efficacy depends on the iodine it contains. Fucus natans lin, sargassum bacciferum, and agardh, is the gulf weed of the Atlantic ocean, and is found in immense masses floating in the sea. These plants are very similar in composition. They contain mucilage, mannit, odorous oil, a bitter principle, etc. Gœdeschen, James, and others found the mineral constituents of the bladderwrack, as collected from different places, to vary to the same extent. Marchand (1865) obtained from the ash of the bladderwrack 0.719 per cent of iodine and 0.603 of bromine, and from the serratus 0.834 of iodine and 1.007 of bromine. The medicinal virtues depend apparently upon the iodine and bromine they contain, common with other species of seaweed, and are recommended as a means of lessening obesity.

S. L. BARBER, M. D.
Cottageville, W. Va.

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[For the Brief.]

## Incontinence of Urine.

EDITOR MEDICAL BRIEF:—Dr. M. L. Cutler, in April number of BRIEF, asks for a remedy for incontinence of urine. I have frequently prescribed the formula given, suggested by one given by Dr. Carpender in April BRIEF, 1879, and have found it very effective:

| | | |
|---|---|---|
| R. | Strych. Sulph.....1½ | grains. |
| | Quiniæ Sulph.....1 | scruple. |
| | Tinct. Belladon.....3 | drachms. |
| | Tinct. Canthar.....3 | drachms. |
| | Tinct. Ferri Mur.....3 | drachms. |
| | Aquæ, q. s. add.....4 | ounces. |

M. Sig.: Teaspoonful three times daily. Should strangury occur, decrease the dose.

Will some brother give formula for a "bang up" tonic bitter, combining diuretic, laxative, and tonic properties. Something for a general "pick-me-up," in slight ailments and convalescence from acute diseases.

I have been using conc. tinct. avena, sativa, in a case of paralysis, with good results. Ten drops in warm water, three times daily. M. T. STONE, M. D.
Cheshire Co., N. H.

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[For the Brief.]

## Leucorrhœa.

EDITOR MEDICAL BRIEF:—In reply to Dr. William B. Bend's inquiry, asking for treatment for the above disease: Give a rhubarb pill at night, five grains of rhubarb and a sufficient quantity of castile soap to make the pill. Wash out the vagina with a weak solution chlorate potass. W. H. BALDWIN, M. D
Silent Run, Ky.

[For the Brief.]

### Viburnum Prunifolium.

EDITOR MEDICAL BRIEF: — Seeing a call from L. Barnicoat, M. D., in the February number of the BRIEF, for further experience in the use of viburnum, I am tempted to give a case which I have long thought of reporting:

Mrs. L., aged twenty-two years, mother of one child. Mother and child both had malignant diphtheria; child died, but mother recovered. Recovery followed by partial paralysis of vocal organs, and at times symptoms of general paralysis. Three months after recovery she became pregnant, and miscarried at the end of one month, without pain. This was repeated several times, when I was consulted. Prescribed broken doses of tinct. ergot, ter in die, with brom. potass., as she was very nervous and easily startled when in that condition. This had the effect of lengthening time to seven or eight weeks, and she did not miscarry without some pain. Continued brom. potass. and gave forty drops fl. ext. black haw, ter in die, with directions to give a teaspoonful every half hour in case of threatened abortion This had the desired effect, and at term she gave birth to a healthy girl. I have tried the black haw in painful menstruation from various causes, but have obtained no good results. For threatened abortion, at any stage of gestation, I know of nothing that at all compares with it. Am unable to say why it will not quiet the womb under other circumstances.

Limerick, Ill. C. GRAY, M. D.

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[For the Brief.]

### Tattoo.

EDITOR MEDICAL BRIEF:—Will some of the many subscribers to the BRIEF answer the following question: I have a young man in my office who, in his youthful days, unfortunately met with one of those professional tattooers and had a set of marbles picked in the back of his hand, that is now a great source of annoyance, and he is very anxious that they should be removed. Any suggestions from my professional brethren as to how the indelible marks may be removed, will be highly appreciated.

J. R. CARROLL, M. D.

Centre Point, Tenn.

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[For the Brief.]

### Scalds and Burns.

EDITOR MEDICAL BRIEF:—Allow me to add my experience in scalds and burns with a valuable remedy that I have never seen published:

R. Creosote..... 1 part.
Ol. Olive.....15 parts.
M. Sig.: Shake well and apply with a feather as often as the part becomes dry.

Instead of the oil I frequently use hog's lard in about the same proportion, which I think is just as good; spread on a soft cloth and apply with a light bandage I have used this remedy in all cases of burns for more than twenty years, and can truly say it is the best I have found. I use it throughout the case. I never find an anodyne necessary, as the narcotic effect of the creosote on the injured nerves is quite sufficient.

W. H. HYTEN, M. D.

Parkersburg, Ind.

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[For the Brief.]

### Curacoa Cordial.

EDITOR MEDICAL BRIEF:—By request of W. T. Burke, M. D., Breckenridge, Texas, I give the following formula for making curacoa cordial:

R. Curacoa Bark..... 1 ounce.
Aurantii Cortex Amara ½ ounce.
Cloves and Canella....15 grains.
Brandy..... ½ pint.
Spts. Ether Nit..... 2 pints.
Orange Flower Water.. 3 ounces.
White Sugar..... 1 pound.

Prepare a tincture by percolating aromatics—brandy and spts. ether nit., add this to the sugar and balance of ingredients. GEO. L. RICE, M. D.

McSherrystown, Pa.

[For the Brief.]

## Answers to Queries.

BY I. J. M. GOSS, A. M., M. D.

EDITOR MEDICAL BRIEF:—Dr. George W. Blanton, of Eastman, Ga., asks for the pathology and treatment of acute articular and muscular rheumatism. This is asking too much to be answered in the BRIEF. It does not allow us to ventilate. Acute rheumatism consists of inflammation of the synovial membranes of one or several joints. Pathologically speaking, it is a peculiar nutritive disturbance, which causes an exudation, containing but little fibrin and but a few pus globules. There is an inflammatory œdema of the surrounding cellular tissue. But in severe cases, inflammation may run higher, and then the exudation may be much richer in fibrin or pus globules. Post mortem reveals a high state of hyperæmia, and ecchymosed spots in the synovial capsule, which is filled with a quantity of purulent exudation. Sometimes even the bones, at their ends, may be injected and infiltrated by bloody serum. The heart and the vessels contain a large amount of fibrin, and there is often pericarditis, endocarditis, and sometimes myo-carditis.

CAUSES.—The exciting cause is exposure to cold and damp air, which checks transpiration and elimination of the excess of a peculiar poison in the blood, supposed to be an acid. Sub-acute rheumatism is a milder form, and is not attended with much fever, or very much tumefaction. The chronic form is not attended by tumefaction, but simply pain and stiffness, etc. Muscular rheumatism, or what is called mialgia, is a rheumatic affection of the muscles and the tendons, and sometimes it affects the fascæ, periosteum and other fibrous tissues. In this form there is frequently a thickening of the peripheric nerves. The pain is the most characteristic symptom. It affects the neck called "stiff neck"; the occipital muscles, called cephalagia; the pleura, called pleura-dynia; the scapular muscles, called omodynia; the lumbar region, called lumbago; and the sciatic region, called sciatica. And it may attack other muscles, and also the neck of the bladder.

TREATMENT.—In the acute, sub-acute, and in many cases of the muscular form of rheumatism, I have found aconite, in doses of one to two drops, every two hours, to be one of our most reliable remedies. It is always indicated where the skin is dry and hot, and where the joints are red and swollen and very painful. If the heart is implicated, then cactus grandiflorus, in doses of ten to fifteen drops, every ten or fifteen minutes, should alternate the aconite, especially where there is a sense of stricture about the heart. For mialgia, cimicifuga, in doses of fifteen to twenty-five drops, three or four times a day, alternated with bryonia alba, in doses of three to five drops, will give relief generally. If the disease is in the fibrous tissues, and there are drawing, tearing pains, which are worse during rest, then rhus toxicodendron, in doses of two or three drops, four times a day, will be apt to relieve the disease in a few days. If there is anæmia, then the phosphate of iron is needed.

Dr. J. H. McCarthy, a promising young physician of Jefferson, Jackson County, Ga., seems discouraged with some of our new remedies. He says he tried the berberis aquifolium in syphilis and found no good in it. The doctor perhaps tried it in the primary or secondary stage, if so, he need not be surprised that it did not act. It is only in syphiloids that it has been recommended (see my new medicines—2d edition), and in those skin affections and those affections of the mucous membranes, in

the tertiary form, that it does any good. It appropriately follows the iodide of potassium, two drachms, and biniodide of merc. two grains, mix in aquæ dis. eight ounces—dose, one teaspoonful three times a day. If the doctor will try the citrate or carbonate of lithium in his kidney and bladder troubles and alternate them with the actinameris helianthoides (the last growing abundantly in the southeastern and the western part of his county), he will find them to act like a charm. (See my new medicines—2d edition). The actinameris helianthoides is a new remedy that I am introducing to the profession, and they will find it like chiananthus virginica, which I introduced for jaundice in the year 1844, a good remedy. I am not introducing new remedies to sell them, for I have frequently refused to furnish remedies that I introduce.

Marietta, Ga.

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[For the Brief.]

## Cerebro-Spinal Meningitis.

EDITOR MEDICAL BRIEF:—I have a case of cerebro-spinal meningitis, and am treating with fl. ext. gelseminum in controling doses, as recommended by Dr. J. B. Faulber in December number. I find that it relieved the opisthotonus and cerebral disturbances considerably during first week. This is the third week, and patient still has the head thrown back slightly with some bow of vertebral column, but no cerebral disturbance. Appetite good; bowels constipated, but moved daily by enema. Had I not been called to our county seat on business which detained me three days, and during that time the patient (a negro with no hygienic advantages), had two chills, I think he would now be convalescent. However I have him again where I left off, by combating the bilious tendency with calomel and intermittent with quinine sulph., still adhering to the gelsemium, with occasional small doses morphia sulph. I think the gelsemium worthy of trial in all cases of opisthotonus.

I send for consideration an iodine ointment. A friend of mine stopped at my house and was suffering with a subcutaneous swelling just below the external condyle of femur, causing severe pain, and in the absence of alcohol to form a tincture, I put with iodine sub. turpentine. An immediate combustion followed, emitting heat and strong fumes of a pinkish color. I then procured hog's lard and added to it iodine, rubbing together until thoroughly incorporated, then added turpentine until the consistency of cream. It was a charm; relieving pain first night, reducing swelling in two days. This was entirely tentative with me.

R. Iod. Sub.....30 grains.
Adeps Praeparatus....1½ ounces.
Terebinthinæ.....1 ounce.

I think if the turpentine and iodine be first mixed, much of the absorbent quality will be carried off by heat and fumes. Would suggest an addition of cera alba in warm weather, or gelsemium to keep due consistency.

A. J. FOSTER, M. D.

Othello, Miss.

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[For the Brief.]

## Electrical Appliances.

EDITOR MEDICAL BRIEF:—I would ask the many readers of the BRIEF, if they ever saw any good or permanent results from the use of Pulvermacher's or other galvanic bands, belts, or appliances; if so, let us hear of the fact. I have made several experiments myself and inquired further to no effect; still I am convinced some good might be accomplished by electric belts, etc. Give us your experience, gentlemen.

I. E. LAYTON, M. D.

Salina, Kan.

[For the Brief.]

## Small-Pox Specifics.

EDITOR MEDICAL BRIEF:—Let us retrospect the past to the memorable time the dark shadow fell across my sunny path, back into the chilling frost of the winter of 1872-3; there we see my beautiful young wife with the variolic poison decomposing her rich blood. Only four days since she began to complain, but we see the horrid blight upon her; we see death jealously watching my pretty bird. Life had been to her all sunshine, and health her constant companion; but now disease is here and her sweet life trembling on her lips. I was young and inexperienced in small-pox. How could I trust that best of all lives to my own distracted self? I could not. Within a few miles of me was another doctor as young as myself, but everybody said he knew all things necessary to make a good physician, and I sent for him. He came, and jerked himself about the house, and used a great many unprofessional expletives, and said he'd cure her. Oh, yes! he'd cured many a one of small-pox! He'd break it up in from twelve to forty-eight hours! I looked at my darling and said: "No; my pretty flower will fade and fall; our life together ends here!" "Pooh, pooh!" said the doctor; "be a man!" "Trust in God," said my wife, "and I'll get well again; He will not part us now." We both trusted Him and the doctor. With what eager longing I awaited help from heaven and the triumph of the healing art. Maybe heaven and the healing art are incompatible! I don't know but the doctor who trusts heaven to cure his patients, and collects the pay himself, is either a bad Christian or a poor physician, to say the least. Here is the good doctor's "specific for small-pox":

R. Zinci Sulph..... 1 grain!
Digitalis ..... 1 grain!!
White Sugar.....½ teaspoonful!!!
Water..... 5 ounces!!!!
M. Sig. "Teaspoonful every 1 or 2 hours."

Now, Dr. Booth, you know by this time that I am answering you (March BRIEF, page 160) and you have my professional opinion and experience to begin with. I gave the medicine over forty-eight hours, and my wife grew worse all the time, and died January 24, 1873, having been confined to her bed twelve days—twenty-four days after she was exposed to the contagion. She had not been vaccinated. Such is my experience, and such, I think, will be the truthful experience of all as far as aborting the disease is concerned. I would like, also, to hear what has been the experience of the thousands of readers of the BRIEF with this much published infinitesimal nothing. And if several are sure they have cured many cases of variola with it, I will say like the fellow who said he had discovered a sure cure for hog cholera. He said if I would keep it for sale at my place of business, and help him to introduce it, he'd tell me what it was. I promised, of course. He then said it was "coal oil." "Humph," I grunted, in disgust, "I saw that fail over five years ago." "Yes, but by ——," said he, "the secret is in using it right!" Now, if those "sisters," or mothers, or aunts know how to use that specific right, I hope they will out with it. It couldn't be diluted with prayers, as it is decidedly thin already; and in regard to helping the cure with prayer, at the time I used the cure I was Catholic, and counted the rosary too. Maybe the good doctor's big cuss words had something to do with the failure! Who knows? I have no objections to that specific being a cure for variola if any one can make it such; but let us be truthful with our sure cures, as our patient's lives are dear to somebody, and others love as well as us.

D. F. CECIL, M. D.

Prairie du Rocher, Ill.

[For the Brief.]

## Venus and Bacchus.

EDITOR MEDICAL BRIEF:—Worshippers at the shrine of Venus or Bacchus have frequently to pay dearly for their affections. But, inasmuch as the results of Bacchus' love belong to the realm of the neuro-pathologist, we will merely touch upon the first goddess, and see what practical hints may be drawn from its study. I will give your readers a series of letters upon this all-absorbing topic, and endeavor to chronicle as many available and practical facts, deduced from the experience of standard authors and some references to my own observations. It would be as well to begin the series by commenting on

### MASTURBATION,

in its relation to impotency and spermatorrhœa, and to give some idea of treatment. I will also endeavor to delineate the difference between it and normal intercourse, and try to explain why so many surgeons deny to masturbation any casual factor in the production of so many genital defects.

Essentially, there is no difference between normal intercourse and onanism. Virtually, the difference is great. In both there is peripheral irritation, reflexes, sensation and ejaculation. But, there is a difference in the amount of irritation, sensation, and ejaculation. But this difference is not constant. It depends upon the impulse that prompts to sexual intercourse, the excitement prior to its accomplishment, and the condition of the partner with whom it is performed. Notwithstanding these evident differences, we have lost sight of these facts, and allowed the advertising media to make capital of it, and thus prevent those absolute scientific deductions for fear of giving the charlatan more food to feed upon. Lallemand and Acton have undoubtedly furnished the literature of many a marriage guide; for they have drawn too largely on the imagination, and have magnified the evil results of onanism to such an extent that the mass of writers barely touch upon it for fear of enhancing the stock in trade of unprincipled practitioners. But this is not my object. I desire to draw attention to these pathological results without color, and endeavor to show that there is reason in this madness. The results of onanism, long practiced, are not fatal in their consequences; nor is there any necessity for the unpardonable vice of magnifying them; for, if these results are apparent, the measures by which they can be relieved are simple and rapid.

It is unnecessary to dip into the depth of physiology or pathology. I will endeavor to be plain and practical, as the articles in the BRIEF always are. Let us therefore consider the points of differente seriatim.

### PERIPHERAL IRRITATION.

A woman who has never borne children gratifies the sexual appetite of man in greater measure than one in the opposite condition. Whilst this may hold good as far as the male is concerned, it has been assumed by reputable writers, that the birth of a child increases the sexual appetite of the woman. But the latter assumption will not be discussed here. The former proposition seems to be self-evident. Whilst the inhibitory influence of the brain has a large influence upon venery, nevertheless, peripheral irritation of the nerves terminating in the glans penis is necessary to produce normal sensation and ejaculation. In proportion therefore, to the surface friction is the intensity of feeling and its consequential ejaculation. We might suggest a comparison between this physiological fact and the pathological inflammation of joints. The more intense the inflammation of a joint, the greater the reflex action, and the more

intense will be its results, both upon the constitution and local surroundings. And since, therefore, the genital act is of a reflex nature, and since disease is but an exaltation of physiological functions, we are forced to assume that the same rule applies to masturbation when compared with normal intercourse. The masturbator exercises not only mere force, but pressure upon the penis than during normal coitus, which calls forth the heightened results already mentioned. We are forced to assume that the friction (if intercourse) in a narrow vagina, during masturbation and pæderasty, is far greater than in sexual intercourse of opposite conditions. We conclude therefore, that the greater the friction the more exalted will be the concomitants. We can now discuss the

SEXUAL SENSATION.

This link of the sexual act is necessarily connected with the arguments above. For the conclusion, which we must arrive at is, that in proportion to the extent of friction is the intensity of sensation. There are certainly exceptions to the rule; but these do not invalidate the principle. The interest attached to this question has tempted me to ascertain from onanists that I have had under treatment if there is any difference in the intensity of the sexual sensation in onanism or normal coitis. The answer has invariably been in favor of onanism. But of course these answers do not refer to the onanist who has been prostrated mentally and physically from its long and continued practice. In this connection an important historical fact may elucidate the position set forth.

History teaches us that pæderasty, or youth's love, is of Asiatic origin, coming from Crete to Greece, when Athens became reputed for it, it was known as Greek love. From Athens it came to Rome; poets have described the frightful scenes witnessed during the time of Tiber, Caligula, and Nero. Commasculatio, as pæderasty is sometimes called, is not as frequent as in olden times; but it is strange that the most enlightened ancient races practiced it, so that Solon and Lycurgus were forced to determine the relative position of loved and lover by legal enactment. The Romans practiced it more extensively; their love for a woman ceased when she gave birth to a first child, and they usually had a herd of boys surrounding them, upon whom pæderasty was practiced. Trojon kept pretty boys, upon artistic and æsthetical grounds. This was particularly so since Nero's time; a herd of fine boys were kept, who traveled about in gorgeous attire with the nobility, and were often sold in the market. The gymnasiums were supposed to be the real nucleus for the cultivation of this vice. They were supposed to be directly connected. In fact, pæderasty was so highly esteemed that the slaves were prevented from practicing it. Some historians have contended that the mutual attachment existing between Damon and Pythias and Achilles and Patrocles was moved by this vice. The Greeks and Romans looked upon woman's love as contemptible, but man's love as a present of Venus Urania, which was only imparted to noble souls, and was the mother of all virtues.

Duverjer, the reputed French surgeon, relates some interesting facts. They form a distinct scale of Paris society; their dress is particularly suited to their vocation; they are dressed and decorated lasciviously; are the prettiest of men, attractive and captivating.

It can not be seen therefore that the ancients even appreciated the means by which these pleasurable sensations could be intensified. In this, then, we find another difference between the sexual vices and normal coitus.

St. Louis, Mo. Jos. L. Bauer, M.D.

*(To be Continued.)*

[For the Brief.]

## Pneumonia.

EDITOR MEDICAL BRIEF:—As some of the contributors to the BRIEF entertain antagonistic views with regard to the treatment of pneumonia, and as Dr. P. G. Corkins has requested correspondents to give an expression of their opinions as to how far they coincide with Dr. Birkhead in his views respecting the treatment of this formidable disease, I will, by your permission, proceed to indite the line of treatment I have adopted in my practice during the last fifteen years, and which has given entire satisfaction in every case except two; one of which, a young man, had been confined to his bed eight days before I was called to see him; and the other, a middle-aged man, four days; both cases were double, or bi-pneumonia, and the right lung of each was hepatized.

After diagnosing a case to be pneumonia, the first thing I do, if the patient has been violently attacked, and I have been called to it in its early stages, is to make a tea of ipecac and lobelia, say fifteen grains of each to a pint of boiling water, and when sufficiently cool, give one-fourth of it every ten minutes until it produces free emesis. I then scarify freely over the region of the pain, apply cupping glasses, and take away several ounces of blood. After this is accomplished, I order four or five folds of flannel, rung out of hot water, kept applied to the chest.

I then give the following:

R. Calomel..... 40 grains.
Dover's Powder..... 25 grains.
M. ft. ch. No. 5. Sig.: One every three hours in syrup.

Three hours after the last powder is given, a half ounce of epsom salts is to be administered, and repeated every three hours, until it moves the bowels.

On my second visit, I find my patient's bowels have been pretty freely evacuated, and he expresses himself as feeling somewhat better, though occasionally experiencing a return of the pain in the lungs. I then make an assault upon it with that everlasting blister, eight by ten, perhaps larger—a large one, or none at all—for a small one does more harm than good. If it is not sufficiently large to counteract the internal inflammation, it is sure to aggravate it.

As it is highly essential to promote a free and copious expectoration. I next direct my remedies to that point, and accordingly prescribe the following expectorant:

R. Syr. Scillæ, comp..... 1 ounce.
Syr. Senegæ, comp.... 1 ounce.
Syr. Ipecac..... 1 ounce.
Syr. Morphiæ..... 1 ounce.
Spts. Nit. Dulc..... 2 ounces.
M. Sig.: Teaspoonful every two hours until slight nausea is produced, then not so often.

On my third visit, I have generally found my patient decidedly better. I continue the cough mixture and prescribe the following:

R. Sulph. Quin. or Cinchon. 25 grains.
Carb. Ammonia..... 25 grains.
Ft. pil. No. 8. Sig.: One every two hours.

I also recommend toddy, egg-nog, or milk punch. It has been my rule to abstain from the use of quinine and stimulants until I see the inflammatory symptoms beginning to subside, unless my patient complains of rigors, or chilly sensations, and aching of the bones, which are indicative of the presence of malaria.

On my fourth call, I have almost invariably found the symptoms decidedly favorable, if the blister has drawn well—pain gone; pulse, soft; skin, moist; expectoration, free and easy; tongue, cleaning. In nine cases out of ten, I have found the disease arrested by the fifth day under the above treatment.

Now, let us recapitulate:

1. Emetic. I give this to disgorge the stomach, relax the system, equalize the circulation, and produce free diaphoresis, and promote expectoration.

2. Cathartics. These are given, of course, with the view of evacuating the bowels, and stimulating the secretions to action. I do not believe in making a privy of a man's belly. The most absurd of all absurdities is the constipation theory. Those who hold to this theory say, "You must not purge your patient, it will weaken him." Whether is it better to debilitate the patient, and cure him, or husband his strength and let him die? To talk of subduing inflammation without depletion, is the silliest of silly things in medicine.

3. Topical blood-letting. There is more or less capillary congestion in all local inflammation, I therefore prefer this method of extracting blood to venesection, for two reasons: First, it disgorges the small capillary blood vessels in the locality of the lesion; and secondly, it obviates an unnecessary waste of the vital fluid. I would not, however, hesitate to resort to venesection in some very robust, plethoric cases.

4. Blisters. Where is there in the whole encyclopedia of medical science a more thoroughly established axiom than the fact that inflammation produced externally will counteract inflammation externally. "A proof of the pudding is chewing the bag." The writer of this once had, himself, a severe attack of pneumonia, the right lung becoming completely hepatized; a blister was applied, and within twenty-four hours he could breathe as well in the hepatized lung as the other.

5. Expectorants. If there is any one disease in which nauseating expectorants are more indispensable than another, it is pneumonia. A free, easy, and copious secretion from the lungs is highly essential to their disgorgement and abatement of the inflammation.

6. Cinchona and stimulants. I do not regard quinia as a remedy, *per se*, for pneumonia. To administer it in the first stages, is like adding fuel to the fire. Though, as there is more or less periodicity in pneumonia, as well as other diseases, it seems to be indicated after the inflammatory symptoms begin to abate for its antiperiodic, sedative, stimulant and tonic properties.

Now, there is nothing new in all this. It is plain, simple, harmless, rational; and the beauty of it is, it cures—for me.

W. W. Stinson, M. D.

Cornersville, Miss.

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[For the Brief.]

## Ovaries—Heart.

Editor Medical Brief: — I would like the contributors to the Brief to advise treatment in the following case: The patient is a young married woman, who for the past two years, has suffered with neuralgia of ovaries. For several months she has been unable to walk any distance without causing pain in ovaries, and she has constantly great tenderness over the region of both womb and ovaries; she has had severe leucorrhœa for about one year.

In valvular disease of the heart, with very irregular action, when digitallis, brom. pot. etc., have no effect, what would you advise?

J. A. Kelly, M. D.

Whitesburg, Pa.

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[For the Brief.]

## The Dirt Eater.

Editor Medical Brief:—What is the nature of that abnormal condition of system which creates an uncontrollable desire to eat lime, clay, and even the common soil of the earth. The habit is indulged in principally by children, but occasionally is practiced by an adult. Now, what is the nature (pathology), the indication, and the remedy?

R. J. Bigelow, M. D.

Hatch's Bend, Fla.

[For the Brief.]

## Rational Treatment of Intermittent Fever.

EDITOR MEDICAL BRIEF:—The causes, symptoms, and course of chronic intermittent fever are too well known to require a full description, as every physician who resides in a malarial district sees, perhaps, cases almost daily. The pathology, however, in my opinion, is not very well known, even where it is prevalent, among physicians, because of their failure in its successful treatment. The leading remedy used is sulph. quinia or sulph. cinchonidia. When these two remedies fail, then "practical empiricism" is followed by routine treatment, first trying one remedy after another without curing the disease, and the patient becomes disgusted and travels from one doctor to another until some remedy is stumbled on which effects a cure. So we have a thousand and one remedies to cure chronic intermittent fever. Where is the wrong? It certainly must be in not knowing the true pathological condition of each patient. But if we take every case as an entity, learning its true pathology, and knowing how the remedies will act to correct the wrong, it becomes very easy to cure chronic intermittents. Let us see if we can not deduce some true rules in the treatment of this disease on a more scientific basis. Here comes a patient who has been shaking every third day for a year, taken a hatful of sulph. quinia, but has the ague all the same. Tried all the best physicians in the country. Now let us examine this patient, and learn the true pathological condition:

Henry S., aged twenty-five, had ague the past year. Has taken all sorts of ague medicines from all sorts of doctors. No better; wants to get cured; heard of our remarkable cure, and came nine miles to see us. Now, what is his condition? Bowels regular; appetite fair; skin and kidneys seem normal, except that urine is high colored where fevered; lungs free from any lesion; no particular pain anywhere in the system; pulse rather feeble, 80 per minute; temperature 99½°; tongue deep red. Now, what is wrong? This deep red tongue is an indication that the blood and all the secretions and excretions are overloaded with phosphates and soda. No other prominent symptom. The indications are plain and simple, to counteract the superabundance of phosphates and soda, and we will speedily effect a cure:

℞ Acid Nitromur.....1 ounce.
Ext. Nux Vom. fl.....1 drachm.
Aquæ dist. q. s.....4 ounces.
M. Sig.: One teaspoonful every three hours.

This prescription will cure our patient, though in some cases it may have to be duplicated, but it will neutralize the superabundance of phosphates and soda in the system, establish an equilibrium of the salts, and our patient will be permanently cured, as I have repeatedly verified in a large number of cases.

But here comes J. S., aged twenty-five, who apparently is in the opposite condition. Symptoms: Appetite fair; bowels rather costive; urine highly colored; skin dirty white; pulse 90; temperature 100; no pain, but a dull, heavy headache; tongue broad, with a dirty white pasted coat. Says food has no taste to it, and does not digest well. Now, what is the pathological condition? In this case we find the blood and secretions are superabundant with acids, which must be counteracted. Like our other patient, has taken a hatful of sulph. quinia, and, as usual, been the rounds among the doctors, without effecting a cure. The specific indications are to counteract the acids in the system:

℞ Ext. Ptelea Trifoliata fl. 2 ounces.
Hyposulp. Soda..... 3 drachms.
Aquæ dist. q. s..... 4 ounces.
M. Sig.: Teaspoonful every three hours.

This prescription will cure this patient, and it will cure all patients with these symptoms, because the elements of the

disease are neutralized and counteracted. More than that, it is scientific, based upon a correct theory and pathological facts. In nearly all these cases of chronic intermittents, the malarial power is lost, and the effect produces certain pathological conditions, and this must be well understood in each individual case before a rational treatment can be successfully given for good results. I have given but two general outlines of cases that can be successfully treated every time, based upon correct theory, as I have so frequently verified in my practice. Empiricism must be laid upon the shelf. Let us examine our patients more carefully, and fill specific indications. Perhaps in the future I may describe other cases of intermittents where neither acids nor alkalies are the disturbing causes, but other elements equally as deleterious in the system. This article will be read by many who have similar cases on hand. Let them try the treatment, and I am sure it will be as successful with them as it has been in my hands. In a large number of cases we are deficient in pathology, and hence can not prescribe rationally. Shall be glad to answer any questions that may be asked. JOHN A. HENNING, M. D.

Clermont, Ind.

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[For the Brief.]

## Diagnosis and Treatment Wanted.

EDITOR MEDICAL BRIEF:—Will some of the older M. D.'s assist me in the following case:

Mrs. M., married about ten years, no children, always well before, aged about thirty-five, was taken sick about five weeks ago with the following symptoms: Severe pain in back of neck (on right side) and head, able to move the head but little without pain, if very quiet but little pain; no chill or fever and pulse but little accelerated, temperature normal, appetite good, bowels a little constipated, a short white coating on tongue; at the end of three weeks pulse from 85 to 100, temperature 100 fahr., with pain the whole length of the spine, with some tenderness between the shoulders, and in about four weeks pain and soreness in region of right ovary, which soon passed off; menses regular. Also, has pain in teeth, which last for a few hours at a time. At present writing she has pain and tenderness, quite acute, at the lower end of the left tibia—no redness or swelling. She is able to sit up but a short time without feeling exhausted. Diagnosis and treatment will be thankfully received through the BRIEF.

B. W. DAVIS, M. D.

Montgomery, Ver.

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[For the Brief.]

## Malaria—Typhoid Fever.

EDITOR MEDICAL BRIEF:—I am a subscriber to your valuable journal, and I wish to say I am well pleased with it. I derive great help from its instructive articles. I am living in a section of country which abounds with the diseases incident to malarial countries. I shall use the word malaria, *i. e.*, bad air, until Dr. Birkhead proves it a "myth."

Will some of the M. D.'s inform me, through the BRIEF, whether typhoid fever can be aborted or not? and by what plan? W. M. ALTER, M. D.

Yonok, Ark.

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[For the Brief.]

## Sexual Debility.

EDITOR MEDICAL BRIEF:—For sexual debility use the following:

R. Strychnine..... 12 grains.
Quin. Sulph.....120 grains.
Iron Hyd.....120 grains.

M. ft. pil 240. Sig.: Take one every six hours during the day; and after the system becomes used to them, take one every four hours.

BENJ. A. PENN, M. D.

Bryantsburg, Ind.

[For the Brief.]

## A Case of Rotheln.

EDITOR MEDICAL BRIEF:—The case reported by "Physician," N. Y., in April number of BRIEF, brings to my memory a number of similar cases I treated. The pathological condition of the patient is similar to scarlatina anginosa, with the exception that the tonsils do not become so seriously affected. Otherwise, symptoms and course are similar. I think the treatment given by "Physician" in his case hastened death, my opinion is that if he had given nothing more than ginger tea frequently, the patient might have recovered. The indications in a case of rotheln is generally:

R. Ext. Belladon. fl..... 10 drops.
Ext. Rhus Tox fl..... 10 drops.
Ext. Aconite fl..... 8 drops.
Aquæ, q. s..... 4 ounces.
M. Sig.: To a child three years old, give half teaspoonful every one, two, or three hours, until the full effect of the belladonna is noticed, then in less quantity and at longer intervals.

The action of this prescription is three fold: 1. Stimulating capillary circulation to action, which is very often wanting in those eruptive diseases. 2. The aconite reduces the heart's action and temperature. 3. The rhus tox. counteracts the peculiar poison. Towards the close of the disease, acetate potass. should be given in sufficient quantity to act upon the kidneys, to remove from the system effete matter and worn out tissue. Also, in some cases where there is feeble vitality, sol. quinia may be given as a tonic; as a diffusable stimulant, give the carbonate of ammonia, which will act much better than the hydrochlorate of ammonia.

For mouth, tongue, and tonsils, if much involved, a solution of chlor. potassa is, perhaps, the best. Rotheln occurs spontaneously, and is not contagious like measles and scarlatina

I heartily recommend this course of treatment in this disease, as my experience warrant, in every case I have treated, which has been uniformly successful, not having lost a single case. Now, I do not say this treatment should be pursued in all cases, yet this is the line of successful treatment. Where the pulse is full and bounding, veratrum would be better than aconite. Where there is pain in the head, pupils contracted, gelsemium would be better than belladonna. Where the mucous membrane is of a deep brown color, the baptisia would be better than rhus tox. In this we must make a careful and close examination, and fill indications. But be careful never to over-medicate.

JOHN A. HENNING, M. D.
Clermont, Indiana.

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[For the Brief.]

## Extra Uterine Pregnancy.

EDITOR MEDICAL BRIEF: — Thinking that the following case, reported some time ago to Dr. Thomas, might interest your readers, I will give a description of it:

Eliza P. (colored), aged seventeen or eighteen, and single, became pregnant in the summer of 1874, and in December was taken in labor, as she supposed, the midwife remaining a day or so, but as she became quiet, the midwife left.

In February, 1875, she was again taken in labor, as she supposed, and after several days' delay with several midwives, she again became quiet. Soon after this, her menses, having been stopped nearly one year, returned and continued with perfect regularity until the summer of 1877. In the mean time she went regularly to work in the field, with no apparent trouble (except her size, that of a woman at full-term) all of 1875-76, and until the summer of 1877. In April, 1877, a small opening came in the tumor and discharged copiously a transparent liquid, with no odor, for about two months and stopped. In August it commenced to discharge pus,

and in the fall became so offensive that her father could not stand it, and he went off and left the family in a destitute condition The above facts were obtained from her mother, who was constantly with her daughter.

On the first day of January, 1878, a humane friend of mine (Mr. O. A. G.,) in passing her cabin, near the M. & O. railroad, heard her moaning and immediately went into the house, and seeing her comdition, he wrote me a note requesting me to come and see if I could do anything for her as she was in a terrible condition. I found her in apparently a dying condition, with no pulse. In the meantime Mrs. G. had sent her some nutricious broth, eggnog and stimulants, which was given very freely. There was no difficulty about the diagnosis, as there was a small opening from which a small bone and hair was protruding. It being nearly night and three miles from town, and knowing that I could get no assistance that night, I put her under the influence of stimulants and immediately proceeded to operate upon her with instruments,I had but a curved bistory,a pair of bullet forceps, an iron spoon and a common water dipper, with which I took out a large blue bucket full of decomposed flesh, hair, bones and pus. The bones showed them to be of a child at full-term, and I have preserved, I think, every one of them. I then closed the opening with silver pins, leaving a space large enough for me to introduce my fingers. As I became very sick from the stench I had to hurry up After placing a good compress on I bandaged her well, and on going back the second day, I introduced my finger in the opening left and extracted several more bones firmly imbedded in the bottom of the sack. I then closed the opening and rebandaged again. With kind attention from Mr. and Mrs. G., she made a rapid recovery, and is now (April, 1882,) one of the stoutest negro women in this country. She is now married, but has no children.

J. M. Heard, M. D.

West Point, Miss.

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[For the Brief.]

## Consanguineous Marriages.

Editor Medical Brief:—Having had such an able and exhausted discussion on maternal impressions, would it not be a good idea to have a change of subject, and hear what the profession has to say as to the advisability of marriage between consanguineous persons. Some time ago a young man applied to me for advice. His story, briefly stated, was that he had fallen desperately in love with his first cousin, and that friends had said the children will not be healthy. Being intimately acquainted with both parties, and their ancestors, I gave an opinion, and will submit it to your readers for their criticism or verification. Both are apparently the picture of health. Each resembles his and her father. Their mothers are sisters. No taint of any particular disease. My advice in this case was, that they may marry with perfect impunity. I hope I have started a stone to roll which will gather the opinion of the medical profession.

Mount Olive, Ill. Physician.

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[For the Brief.]

## Suicide.

Editor Medical Brief:—A young lady, four months along in gestation, committed suicide here, by jumping into the river. When found the next morning, her body was floating on the surface of the water. Since then, I have heard that the body of a pregnant woman would not sink. I would ask some of the many readers of the Brief for their opinion or knowledge on the subject.

C. H. Shattuck, Jr., M. D.

Ballard Vale, Mass.

[For the Brief.]

## Parvules.

BY JOS. A. STITES, M. D.,
Physician and Surgeon to Nye County Hospital.

EDITOR MEDICAL BRIEF:—Parvules, derived from parvum (small), are minute pills. They were introduced to the profession by Messrs. Wm. R. Warner & Co., of Philadelphia, and are a saving to the busy practitioner, relieving him of the trouble of writing a prescription. The doses of the parvules are so arranged in each and every one that the youngest infant can take them. The parents of the child are pleased on account of the avoidance of all struggling and resistance from the child. The child has a horror of the spoon, too, while in this form of dosage it presents a pleasing and tempting form, to the gratification of the physician as well as the mother. In treating constipation, skin eruptions, etc., in those cases wherein medicine must be given for a long time, physicians have found that nauseating doses are rejected by the little ones as well as adults. The doses are so arranged in these minute pills that they are taken readily, and no discomfort is felt. In the adults (females), where a cathartic is required, or where constipation exists, I give aloin, calomel, and podophyllin, two (2) each, for a cathartic, three or four times a day, and it has relieved the chronic constipation after taken for a short time. The above firm also get up a pocket case for practitioners, containing from ten to twenty (10 to 20) different varieties of drugs in each case, and it is just the thing for a physician who is compelled to carry his chest, or for a physician in city practice, who, as I said before, is thus saved writing a prescription. The cases are neat, compact, and serviceable, and are so arranged that fresh bottles can be replaced, and the cost is so small that every physician ought to supply himself with one.

Belmont, Nev.

[For the Brief.]

## Queries and Indorsements.

EDITOR MEDICAL BRIEF:—Will the readers of the BRIEF be so kind as to tell me what is the matter with my patient and what to do for her? Mrs. C., aged twenty-two, mother of two children, the youngest being eighteen months old, complains of pain under the right scapula, swimming in the head when she stoops down, cough, expectorates mucus tinged with blood and charcoal. Upon inquiry, I elicited the following:

In the first month of gestation with her last child she had a craving appetite for charcoal, and eat a considerable quantity of it, and after the birth of the child the above symptoms set in; she has also inflammation of the eyes. With the above exceptions she is perfectly healthy. M. D.'s who have met such cases will please diagnose and give best treatment.

I will state to Dr. Jones that I have practiced medicine thirty-one years in what is called a malarious district, and have necessarily had a good deal of experience in the use of quinine, and I can not recall a single instance where its effects were disagreeable on women in a pregnant condition.

I fully endorse Dr. J. H. McCarthy's sentiments concerning physicians recommending remedies they know nothing about, provided they do so from unworthy motives. It is damaging to the physician, injurious to the manufacture and sale of remedies that do possess intrinsic value.

Concerning maternal impressions, I will state that fifteen years ago, I was passing the house of a lady friend eight months in gestation. I stopped to get a drink of water, and on approaching the house a fearful bull dog (not belonging to the family, and unseen by the lady who was sitting in the door) rushed upon me from under the house. I in-

stantly drew a revolver and shot the dog, the ball entering the skull between the eyes. When the lady gave birth to her child, one month later, there was a bright red spot just between the eyes on the frontal bone corresponding to the spot made by the entrance of the ball in the dog's head. The child is now a young lady and tells her friends that the mark is where Dr. Cull shot her before she was born.

I congratulate the BRIEF on its neat and beautiful appearance this month. It is the handsomest journal I take, and contains volumes of useful and intructive matter. May it live always, and may I live always to take it.

Camilla, Ga. B. I. A. CULL, M. D.

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[For the Brief.]

## Viburnum Opulus as a Medicinal Agent.

BY PHYSICIAN.

EDITOR MEDICAL BRIEF:—I have tried this valuable addition to our pharmacopea in dysmenorrhœa and amenorrhœa, and find it an excellent addition to the same. I use the following prescription:

R. Viburnum Op.....1 ounce.
Tinct. Ergot.....1 ounce.
M. Sig.: Teaspoonful morning, noon and night.

In amenorrhœa I add dyalized iron, and where there is a tendency to hysteria, arising from uterine or ovarian irritation, I add the bromide of sodium, in one-half drachm doses, to the teaspoonful of viburnum. I also advise that the vagina be syringed out every morning with warm water, and that pressure be made with the palm of the hand over each ovary during hysteria. The viburnum is, in my opinion, excellent, and I hope all will give it a trial. An excellent preparation is made by Park, Davis & Co., Detroit, Mich., and by the New York Pharmaceutical Association. Both of these houses prepare an excellent preparation, that of the Pharmaceutical Company being celebrated.

Where hysterical convulsions follow or precede upon the "monthly flow," the viburnum or black haw will most certainly afford relief, and help to ward them off. Convulsions in the majority of incidents, are due to both uterine and ovarian irritation, and in many incidents are followed by ovaritis and ovarian dropsy. In amenorrhœa, iron, ergot and viburnum, are an excellent trio, and will succeed where all other remedies have failed.

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[For the Brief.]

## Maternal and Paternal Impressions.

EDITOR MEDICAL BRIEF:—Thinking the readers of the BRIEF would appreciate the points made in the following case, I send it. I saw it in another medical journal. It is too good to be lost to the readers of the BRIEF.

Just after the delivery of a fine boy, the anxious father, who was slow pay, asked the doctor, "Is it marked in any way, doctor?" "Yes," he replied, "It is marked C. O. D." Now, I like that, it is the best yet; why not have all of them marked thusly. I think the doctors would all vote aye on that proposition; it would inure to the benefit of the profession. A proper understanding of the truth will explain away the myth of the so-called maternal impressions; and paternal, too, whether blonde or brunette.

The 31st chapter of Genesis gives us the solution of the fact that Jacob's cattle were marked, and let that record settle it. The angel of the Lord appeared to Jacob and told him that God willed it to be so. It is just so in reference to birth-marks of to-day. God wills it to be so, and that is enough for us to know. There is no chance—nothing happens. God himself couldn't foretell what might come by chance.

Quincy, Ill. J. G. WILLIAMS, M. D.

[For the Brief.]

## Croup or Laryngitis with Exudation.

BY PHYSICIAN.

EDITOR MEDICAL BRIEF:—MRS. F., of this city, brought her infant son James to me for medical treatment two weeks ago. An examination of the little patient showed him to be suffering with laryngitis. The breathing was difficult, cough of a lurking nature, and spasmodic in character. Examination of the lungs revealed mucus rales on both sides and the stools contained a mixture of bile, mucus and serium. The bowels were free. The yellow sulphate of mercury was administered in two-grain doses until free emesis was produced, the matter thrown up being mucus. Great relief followed from this treatment, the breathing becoming more free. Two days after the child was taken with convulsions from which he recovered and is now well. The following prescription had been given:

R. Potass. Chlor.....1 drachm.
Ammonia Muriate.....1 drachm.
Syr. Simp.....1 drachm.
M. Sig.: Teaspoonful every hour.

Croup is a dangerous disease and is frequently followed by convulsions, coma, and, in some rare cases, paralysis. Warm baths and potass. brom. seem to be the only remedies of use. Apomorphia, in my hands, has proven a failure as an emetic.

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[For the Brief.]

## "Blonde" vs. Drewersburg.

EDITOR MEDICAL BRIEF:—I can not see any practical utility in my replying to a mishapen paragraph in the April BRIEF, further than to state that I did not think it worth while to tell all that was said and done about "voices of scandal," etc., and will not now, not even to please the medical firm at Drewersburg; and if I owe the medical fraternity any thing, I simply say, charge it; and in regard to my fair patient and her incapable husband, I would say they are well satisfied, as they have a bouncing black-eyed boy, the result of paternal impression during conception, and not by mental coition, but in the good old way. Had I not been strong in the conviction of innocence, I would not have insulted the intelligent readers of the BRIEF by jesting to decent ears. My reason for reporting the case was to add other cases in proof of maternal impression, which no person of the most limited experience can reasonably deny. There is not one person in a hundred that is not impressed some way, either physically or mentally; even the fine boy of the catfish story is marked. Watch that child; when it is larger, of all the objects in the world, it will fear the fish most. Look to it, you will find it so. Once, when my wife was enceinte, she went to look at a dying horse. An old lady told her she would mark her child. She took on considerably over the suffering animal, so much so that, though incredulous, we feared it would have a mane, or something like it. When the child was born, it was a fine boy, perfectly formed every way, and not a blemish on him. When he grew older, and to the age of six years, the horse was his delight. He died, but the horse had been his companion, and he its friend. A coincidence, eh? Well, let it be so; I would not strive to convince any one against his will. Some don't want to be convinced, which is their privilege; but they make poor investigators. What is the law controling this wonderful impression? Well, I may endeavor to answer that question some time over my proper name, but hereafter I shall refuse to occupy valuable space in the BRIEF in replying to any thing addressed to

"BLONDE."

[For the Brief.]

## Urethral Irritation.

EDITOR MEDICAL BRIEF: — If your readers will pardon me, I will present a little more of my egotism in the form of advice to James Brock, M. D. I was afflicted as he says he is, for nearly a year, with the addition of large quantities of triple phosphates, cistine, etc., in the mucous discharged. Had frequently to use the catheter, and the urethra was hypersensitive, and it nearly drove me wild sometimes to introduce the instrument. I tried all the remedies I could read, think, or be advised of, and failure crowned my efforts. I grew rapidly worse, and began to think there was no relief for me. I then concluded to do for myself just what I know I would have done for others long before. I commenced with hot air baths (used bath made by E. E. Hackney, of this place), every alternate day. Twice I used nit. sil. sol., thirty grains to the ounce, injecting two fluid drachms at a time, and allowed it to remain as long as I could, having first washed out the bladder by use of warm water douche. I used catheters to dilate the urethra, as high as No. 9. I took freely of cinchonidia, and used cathartics and diuretics, but no specifics. I treated the case purely on general principles, and to-day am a well man, with a thoroughly fixed mind never to tamper with specifics again in such a case, and, in fact, in no other, if at all serious. I begin to think it would be criminal in me to waste time trying to relieve a patient, and in doing so take the risk of allowing an acute case to gravitate to a chronic disease. Now, doctor, go to work on the principle that disease is only a change in the mode of motion. Finding disease, be assured there has been no obstruction in the excretions, thereby preventing free secretions, hence chemical and mechanical changes, all of which will in most cases be easily restored if you only help nature in her efforts to eliminate. Don't be too anxious to allay fever by any of the sedatives, as you will often prevent just what nature is trying to do, viz.: render more fluid the blood, that it may the more readily permeate the tissues, and hold in solution the salts or agents which prove to be the morbid cause. And should you succeed in neutralizing the effect, the cause, being present, may, and generally will, so deposit that in after days or years it may not remain latent, but become an accumulated active agent to produce speedy death, or what would be worse, cripple life's energies, and make a victim of your patient. I am bold enough to say, doctor, you will find no remedy for your malady, as it now is, in any one specific. I do not think that even Dr. Goss, in his materia medica (and I think it as good as any), will be able to refer you to a successful remedy. If you will follow the outlines herein given, from three to six months, you will surely find relief.

G. W. CARPENDER, M. D.
South Bend, Ind.

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[For the Brief.]

## Malarial Poisoning—An Oxytocic.

EDITOR MEDICAL BRIEF: — Dr. K. Taylor's "anomaly" is one of chronic malarial poisoning, with some functional nervous sequellæ. Try the following:

R. Sulph. Miniæ.....30 grains.
Pulv. Capsicum.....12 grains.
Calomel..... 2 grains.
Dover's Powder.....24 grains.
M. Div. chts 6. Sig.: One every three hours, followed by castor oil, if necessary. Then give:

R. Cinchonidia sul.....2 drachms.
Muriatic Acid.....1 drachm.
Fowler's Sol.....4 drachms.
Spts. Frumenti.....4 ounces.
Aquæ, Menth. Pip....4 ounces.
M. Sig.: Two teaspoonfuls three times a day, after meals, and report results.

Is quinine, combined with opium, oxytocic?

J. W. JONES, M. D.
Kansas City, Mo.

[For the Brief.]

## Itching Piles.

EDITOR MEDICAL BRIEF:—Drs. Taft Brothers, of Rochester, N. Y., in February number of the BRIEF, page 99, call upon their medical brethren, soliciting advice in regard to the best treatment for that troublesome disease known as itching piles. I therefore beg leave to submit for their inspection and trial a prescription I have used with success in my private practice and as a Confederate surgeon during the late war. I am well satisfied they will not be disappointed at the result, by giving the remedy a fair trial:

R. Argent. Nit..... 6 grains.
Morph. Sulph..... 6 grains.
Ext. Hyoscyami.....12 grains.
Acid. Tannic.....15 grains.
Cerat. Simp..... 1 ounce.

M. ft. ung. Sig.: Apply a small quantity of the ointment night and morning.

Bathe the parts well in cold water before making the application.

Benton, Miss. R. C. MCCANN, M. D.

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[For the Brief.]

## Mumps—Parotid Gland.

EDITOR MEDICAL BRIEF: — In the November number of the BRIEF, page 614, M. C. R., M. D., asks for treatment for mumps when it falls into the testicles:

R. Plumbi Acet..... 2 drachms.
Aquæ.....16 ounces.

M. Sig.: Apply a cloth well saturated with above, and reapply as often as it gets dry.

It will never fail if taken in any reasonable time I have known the testicles to be destroyed.

In reply to A. E. Fant, M. D., Union, S. C., for chronic inflammation of the parotid gland:

R. Iodine.....One part.
Potass. Iodide.....Two parts.
Aquæ.....Ten parts.

M. Sig.: Inject with hypodermic syringe into the gland about one-half drachm, once in three or four days, and if it gets very sore dress with a one-fourth solution of listerine.

If swelling still remains, repeat:

R. Liq. Iodinii Comp. fl...2 ounces.

M. Sig.: Ten drops in sweetened water, before meals.

Amish, Iowa. T. M. STEWART, M. D.

[For the Brief.]

## Gonorrhœa.

EDITOR MEDICAL BRIEF:—Treatment wanted for a man aged forty-five years. In the year 1860 he had gonorrhœa, and was waited on by a country doctor, until pronounced cured. Some three years ago had intercourse with a woman. Soon afterwards became troubled in that respect again, and has since then been under treatment of many physicians, but to no purpose. Penis, when erect, turned or curved down considerably; pain in testes, hips, back and nasal; eyes inflamed; mouth of penis quite out at times, color red; testes at times becomes purple; troubled with nightly emissions; after urinating there is a running off, lately, like semen. The man is five feet high; weighs 120 pounds; fair complexion; red-headed; a farmer.

Gentlemen, please give me your treatment on the above case. I have given this in his words, so you could understand him. G. C. BURNS, M. D.

Vernon, Ala.

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[For the Brief.]

## Menstruatio Anomala.

EDITOR MEDICAL BRIEF:—In December number of BRIEF, page 653, Dr. J. Orin Wilcox, of Ashe Co., N. C., asks for treatment of a case which he terms menstruatio anomala. I would suggest a trial of fluid extract of black haw (viburnum prunifolium) in one-half to one drachm doses, with five to ten grains of persulphate iron and ammonium, three times a day, can give each one separately or combined. I had a similar case some time ago, and the above remedies were the only ones of the many different ones which I tried that did any good. I would like the doctor to try this plan, and report result, before resorting to his fuming nitric acid. I am an ardent admirer of the BRIEF, have but one objection, and that is it does not come often enough.

Pullens, Va. R. T. RAMSEY, M. D.

[For the Brief.]

## A Singular Case.

EDITOR MEDICAL BRIEF:—Last August I was called to see a Mr. H., who was suffering from some bowel trouble (diarrhœa, I think). At my second or third visit I noticed that his pulse had run down to fifty beats per minute, but in other respects, he was improving. I shook down my thermometer to 90 and placed it under his tongue and it would only register 97½. I then placed the instrument in the axilla, with the same result I then made a very careful examination of my patient with especial reference to finding some cerebral or spinal trouble, but was unable to discover any cause for these unusual symptoms. An analysis of the urine revealed nothing abnormal. Upon visiting my patient the next day he complained of not having slept during the night, but said he thought it was owing to a horse that was wandering around the yard that disturbed him. He felt well he said and thought he should sleep all right when night came. His pulse had run down to forty beats per minute and the thermometer still registered 97½.

The next morning I found my patient feeling quite well, but he said he had not slept. Pulse and temperature remained the same as on the day previous. I placed him upon potass. brom. and chloral hydrate. The next morning I found that my patient had slept about two hours only, although he had taken a drachm each of the chloral and bromide during the night in four doses. During the next three weeks he would be four or five nights without sleep, and frequently a drachm or a drachm and a half of the chloral would not affect him, even in doses of thirty grains at a time. In the meantime I placed him upon strychnia phosphorus, iron and quinine. I finally advised him to give up all medication and try a change of climate, which he did, but only for a short time, his symptoms, however, gradually grew better until he was enabled to sleep half of the night. I have had him examined by some of the oldest physicians in the State, but they do not appear to be able to make any more out of the case than I can. Lately he has had another bad turn and tried, by the advice of friends, another physician, but as he kept growing worse I was sent for. I put him upon large doses of blue mass and bicarbonate of soda, with good results, at least he sleeps better and does not take the chloral.

If an one of your numerous readers have any comments to make or suggestions to offer upon the case let us hear from them. WM. GREAVES, M. D.
Northfield, Minn.

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[For the Brief.]

## Salicylic Acid—Acute Rheumatism.

EDITOR MEDICAL BRIEF: — In the BRIEF for February Dr. Hickman, of Virginia, calls for the best vehicle for salicylic acid. The following formula will not disappoint him:

R. Salicylic Acid.....4 drachms.
Potass. Acet..... ..4 drachms.
Glycerine .....2 ounces.
Aquæ Pura.....2 ounces.
M. Sig.: One or two teaspoonfuls in a wineglass of water, every four to eight hours.

This, with a little care in combining, makes a clear and palatable solution.

In acute rheumatism, I give it, varying the dose to suit the age, etc., of patient, every four hours until pain and swelling are relieved. Then continue three times a day until patient is convalescent. I, at the same time, see that the secretions are acting properly, and that the alimentary canal is clear. Severe cases are usually relieved of pain in thirty-six to forty-eight hours, and convalescent within a week.

THOS. R. THORNTON, M. D.
Lee's Summit, Mo.

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[For the Brief.]

## Paraphymosis.

EDITOR MEDICAL BRIEF:—On or about the first day of January, 1882, a young man, aged twenty-one years, presented himself at my office, being much frightened about his condition, and it was with difficulty I could get an explanation from him He was of good habits; not very well developed in body or mind. On examination, I found he had much pain in voiding his urine. The inflammation was acute, the foreskin of the penis was drawn back over the corona, and the tender parts filled with serum. The skin could not be returned, and was drawn so painfully tight the stricture and inflammation would hardly permit a very narrow bistory to be used under the band. I proceeded to operate as follows: With a sharp-pointed pair of surgeon's scissors I cut the stricture, and circumcised him by cutting out a V shaped piece of the foreskin. Owing to the acute inflammation, there was much hemorrhage. I dressed the entire parts with emolient oily dressings until inflammation had subsided, and the young man was very much pleased to think that his life had been spared.

Phymosis and paraphymosis are very often an affection in young boys, and occasionally in middle and adult life. I have operated three or four times in my practice, and I am satisfied, from observation, that very many boys in the world would be much relieved by circumcision, which is a certain cure. If the rite of our Jewish friends was instituted, it would remedy the difficulty.

Kewanna, Ind. W. T. CLELAND, M. D.

[For the Brief.]

## Nitro-Glycerine.

EDITOR MEDICAL BRIEF:—Experience! What is it? Are men's minds at such variance that knowledge can not be obtained? Accidentally opening an old number of the *Therapeutic Gazette*, I read that nitro-glycerine is a God-send to homœopaths, as they always want to produce a big effect with next to nothing. Yet, in a very few lines, the same testimony gravely says the medicine should be used with great circumspection, 1-100 of a grain is sufficient to begin with. What does he mean? Of course he has read Æsop's Fables, but has forgotten the Satyr who turned a man out of doors because he blew hot and cold from the same mouth. Mrs. M., of Blount, Mrs. B., and Mr. D., of Knox County, have been absolutely relieved of, before, intractable pain, by two administrations, daily, of 1-50 grain granules of nitro-glycerine.

Knoxville, Tenn. A. RAMSEY, M. D.

[For the Brief.]

## Pneumonia—No. 1.

EDITOR MEDICAL BRIEF:—Pneumonia, or inflammation of the substance of the lungs, may exist in a small portion of the lung, or in one lobe (lobular pneumonia) in one lung (single), or affect both lungs (double pneumonia), producing a grave and aggravated form of disease. There are other varieties, as vesicular pneumonia, the mucous surface lining the minute air cells of the lungs are affected, producing peculiar symptoms. The cellular structure intervening between the minute air-cells become the seat of inflammatory action, and is termed inter-vesicular pneumonia. These last forms have been doubted, and whether they exist or not would have very little influence in the treatment. Other distinctions, predicated upon the symptoms occurring during its progress, and depending upon disease of other organs, and have an important bearing upon the treatment, duration, and termination of the disease In the progress of the case, if the investing membrane of the lungs becomes inflamed, it is termed pleuro-pneumonia, other symptoms occurring, to what is termed bilious and typhoid pneumonia, and is nearly always associated with one or the other of these conditions (Secondary symptoms). The manifestations being a low and depressed condition of the system, developing typhoid symptoms. Again, the symptoms point to distinct malarial influences, and is termed bilious pneumonia, the liver is frequently diseased, which is evident from the well-defined symptoms, the fever being periodical in its character. Pneumonia is ushered in by a chill, which is followed by febrile reaction dependent on its severity upon the constitutional peculiarities and extent of the tissues involved. In debilitated cases (asthenia), reaction is slow, and in some cases never takes place to any considerable extent, the case presenting a low and exhausted condition of the system, a small, feeble, frequent pulse, and cool skin. Robust and vigorous (sthenic) cases the reaction will be more complete; the febrile symptoms are of a higher grade. There are three stages of pneumonia when not checked; in the first stage, dull pain, not so acute as when connected with pleuratic inflammation, aggravated upon coughing, and upon full inspiration. The pain commencing often with, and sometimes before the chill, and continuing frequently throughout the active state. The location of the pain will depend upon the part of lung involved, and will, to a certain extent, correspond to the diseased parts. The respiration in health is 18 per minute; in this disease is increased to 30 or 40. The cough varies and depends upon the amount of tissue involved, and irritation that exists. The expectoration which at first is frothy, soon becomes streaked with blood (rusta sputa), in cases indicating a great degree of congestion, while in those of a more inflammatory character, it will be more bloody, and in some cases, pure fresh blood will be thrown off. Percussion in the early stage does not give that satisfaction that it will afford at a later period. In the incipient stages, before the lungs become engorged and the air vesicles obstructed, very little dullness will be observed; and it is only by applying the ear, or through the intervention of the stethoscope, and comparison of the healthy and diseased parts, that any difference can be detected. The healthy vesicular murmur which characterizes the passage of air into the healthy lung, even in the incipient stages of pneumonia, will give place to the crackling, crepitant sound, showing that the disease has not advanced to any great extent. Again, the vesicular murmur may give place to the mucous rale in the parts involved, and the crepita-

tion will sound as though a lock of hair is rolled between the fingers, showing that engorgement of the lung has taken place. As long as we hear the natural respiratory murmur over the crepitation, the inflammation has not passed the first stage; but when the healthy murmur is masked by the crepitant rhonchus, it is evident that the disease is passing into the second stage, in which the lung presents that condition termed (hepatization), the cells being obliterated. Dullness on percussion, bronchial respiration, and resonance of the voice (bronchophony), the hand placed upon the chest while the patient is speaking, a vibratory sensation will be communicated to them. The third stage is marked by infiltration of a purulent matter, which attains the condition of pus, a muco-crepitant or sub muco-crepitant rhonchus is heard in some parts, and then in the whole of the parts diseased. This condition is ushered in by a chill (secondary chill), and by a dark (prune juice) and sometimes nearly black sputum.

E. Carmichael Rothrock, M. D.
Athens, Texas.

[*To be continued.*]

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[For the Brief.]

## Metric System.

Editor Medical Brief:—I see in the last number of the Brief that reference is taken to an article of mine which has failed to be inserted. I will thus state that I wanted to call attention to the fact that most of the English weights and measures come very close to the halves of the metric unit, to-wit: grain, dram, ounce, pound, quintal, minim, pint, gallon, firkin, and bushel, pipe of wine, and malter or quarter of grain, barleycorn, nail, cubit, rod, league, and acre, and that it thus might be advisable to discuss yet whether a decimal system based on the twenty-millionth part of a quadrant of the meridian would not be preferable to the metric, since the old units were tried for centuries, and found to correspond with the wants of the people. As the metric nomenclature had been very much attacked in the Brief, I added that the notation of both the fractions and multiples might be as well given in common English, or a system of unit terms might be set up similar to the old English, using of the present terms as many as possible. I then proposed for such weight units: 1 particle ($\frac{1}{2}$ milligram), 1 spier, 1 grain, 1 ard (German), 1 dram, 1 ounce, 1 pound ($\frac{1}{2}$ kilogram), 1 stone, 1 quintal, 1 wispel (German), the latter, 1,000 pounds, to be the highest weight.

For measures of capacity: 1 minim, 1 fluid ard, 1 fluid dram, 1 fluid ounce (or new terms for the three), 1 pint ($\frac{1}{2}$ liter), 1 gallon, 1 firkin, 1 ton (this 1,000 pints, the largest hollow measure).

For linear measures: 1 stroke, 1 mesh or barleycorn, 1 nail, 1 cubit (the main standard, $\frac{1}{2}$ meter), 1 rod, 1 chain, 1 fathom (twine), 1 league.

But the nomenclature would be of minor importance. It seems that the medical profession, as well as all the other trades, would derive the greatest benefits from such a change.

I found still some slight improvements for my addition, and would request you to change it accordingly · 1 bean ought to read 1 groat (silver); 1 clove, 1 stone; 1 ton, 1 tun; as name for 10 bushels, after 4 pecks 1 bushel, there might be added 4 wispels 1 tun, and after fathom, league; the words block (1-10,000 acre), rood ($\frac{1}{2}$ ard or 1-100 acre), acre, hide (100 acres). Groat sounds less common than bean; clove would be only adapted to weigh wool; ton, both for measures of weight and capacity, might give cause to confusion. Wispel is the German term for 24 bushels; for $\frac{1}{2}$ deciare I could find no better word than block; if you do not think it adapted, it might be given with square cubit, or this added.
Hamburg. Ill. P. Rustemeyer, M. D.

[For the Brief.]

## Review.

EDITOR MEDICAL BRIEF:—I do not wish to nominate myself critic, or to offend any of the readers of the BRIEF by a too close scrutiny of opinions expressed therein in the past twelve months; but while acknowledging that I have learned much to my advantage, I am also aware of the fact that many articles written have been mere assertions, based upon too few cases.

I find, upon fair trial, that the prescription of Dr. S. H. Price for constipation, in March number, page 133, will answer the purpose in almost all the various forms of that disease. So, again, may be said of Dr. W. G. Putney's prescription in August number, page 451; and the same of Dr. P. W. Bruner, in February number, page 101. Have found the treatment of pneumonia as stated by Dr. J. W. Pruitt, May number, page 254, to be excellent, and in every respect satisfactory. I can also say to Dr. Jesse E. Thompson that his remarks at the bottom of page 211 are exactly to the point in my own personal observation; but be careful, Dr. Thompson, that you fire no more shot guns as you did on pages 76 and 157. I am a firm believer in miasm, malaria, or whatever other name you wish to call it, as being the great factor in producing ague and fever; the same may be a myth, but the cause is too well established. Dr. Hoke, on page 605, thinks to eradicate the idea by asking the pathological condition produced by it; well, Dr. Hoke, you tell us why quinine will stop that condition, then we may be able to answer your question; that quinine does remove the effect, we know, but why? nor would we be any the better off if we knew why. Then the blank assertion of Dr. Adams in January number, 1882, page 7, proves to me that he never saw the "American Bottom," nor the people who live there. I never saw more ague and fever to the square acre in my life than I have seen there. I grew up to manhood there, and was raised upon the "chills" and buttermilk, and the swarthy looks of the Illinois bottom farmers haunt me to this day. For further information, write to H. C. Simpson, of Brewerville, Ill.; he lives where, if you can't "taste" nor "feel" the miasm, you can smell it a half-mile to windward of one of these lagoons in that "healthy place at all seasons."

Again, we have run from the knotty cord subject to one no less ridiculous of maternal impressions. Something may, however, be developed of utility in the argument. I must, though, heartily endorse Dr. Wagner's remarks on page 608, and various other times, regarding the subject, and think he used about the right insinuation on page 54, January number, 1882, only I think he should go back to page 534, and knock botts into the same pot with dots and fry them together. Lastly, comes Dr. "Sur-Jon" Blonde with definite proof, in pitying tones, of how he loved another man's wife, and lays it all to maternal impressions.

Salina, Kan. I. E. LAYTON, M. D.

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[For the Brief.]

## Trees a Preventive of Malaria.

EDITOR MEDICAL BRIEF: — About twenty miles below this city malaria prevailed to an alarming extent during last fall and part of the ensuing winter. All the familes living along the Kanawha Canal, with one exception, were victims to this troublesome malady, caused, (as was supposed by the doctors in that section) by drawing the water off the canal and leaving here and there pools of stagnant water, to be evaporated by the sun. The family mentioned above, who constituted the one exception, live within one hundred yards of the canal, a dense

grove of trees intervening between the house and canal, a protection no other house enjoyed in that neighborhood, other houses being completely exposed to the influence of the poison-laden atmosphere, arising from the stagnant pools, and all those months of sickness and death that family enjoyed complete immunity from the terrible scourge. Now, I would like to ask Dr. Birkhead if he does not think malarial germs were generated in those stagnant pools? If not germs, this miasma-producer, is certainly some animate or inanimate tangible substance whose progress can be interrupted by the intervention of trees.

Lynchburg, Va. W. H. BAKER, M. D.

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[For the Brief.]

## Remedy for Leucorrhœa—Jaborandi in Croup.

EDITOR MEDICAL BRIEF:—Dr. Mend, of Kansas, wished for a remedy for leucorrhœa, in March number of BRIEF. The doctor says he has used hydrastis. Would advise the fluid extract, either pure, or three parts to one of water, locally. It has always met my expectations.

Dr. J. D. Williams, of Texas, wishes advice in regard to treatment for fractured patella. Elevate the foot as much as possible, and thus relax the muscles. Continue splint and figure-of-eight bandage. Get ligamentous union if possible, and inform the patient that "such troubles usually leave a weakened knee."

Would add my experience with jaborandi in croup. My last case occurred in February, and presented the usual symptoms of deficient æration of blood. It was complicated with diphtheria, and presented a very unfavorable prognosis. Jaborandi controlled the disease, and my patient finally recovered. Hope every one who has not used it, will give it a trial, and report.

F. W. PUTNAM, M. D.

Binghamton, N. Y.

[For the Brief.]

## Advice Wanted.

EDITOR MEDICAL BRIEF:—I have a case on hand now, and have had for five or six years, which baffles my skill and the skill of all the doctors (perhaps half a dozen) I have consulted, or who prescribed medicine for my patient (my wife). She has been unwell three or four years, or longer, and has taken medicine most of the time, but without obtaining relief. Two years ago, in the fall, she had an attack of bilious fever, and was successfully treated, and a few years previous to that she passed through the "change of life," but, in fact, has complained most of the time since. At times she is bloated, and has a poor appetite; at other times she enjoys a tolerably good appetite, but often, in the midst of a meal, she is forced to leave the table without ceremony. She has no desire for water, or at least very seldom. She is constantly spitting up slime, or phlegm, of which her throat and stomach seem filled. Her lungs and bronchial tubes are, I think, all right. When a cathartic is taken, she has to take a large dose to produce any effect, and the discharges are similar to those from the mouth—a white, frothy, slimy, tough substance. Nothing except a cathartic does help her, and that for a short time only, when her throat is again filled with that tough white slime. She often complains of headache, and feels melancholy; gets out of patience or into ill humor very easily, as she thinks, on account of her complaint. She says she can not be cheerful with such feelings. Now, can any of the older M. D.'s tell me what to do? Her digestive powers are good; has no sour belching up at any time. She does her own housework, as there are only two of us in the family. I am desirous of hearing from some experienced brother in the next BRIEF.

Dwight, Ill. M. MCLANE, M. D.

[For the Brief.]

## Compound Syrup Butternut.

EDITOR MEDICAL BRIEF:—I desire to introduce to the readers of the BRIEF the advantages to be derived from the use of the compound syrup of butternut, in those cases that are predisposed and continually aborting. The following cases are typical of many that I have treated with this valuable preparation. In referring to my case book I find that my first case was a lady in her sixth month of pregnancy, and who had aborted four times in succession. I found her suffering with violent pains, coming on every ten minutes. Os uteri dilated to the size of a half dollar. To arrest the pains I administered the acetate of morphine, one-half grain, atropine, one-thirtieth of a grain, hypodermically, and in a short time I had the pleasure of leaving my patient free from all pain. I instructed the nurse to keep her quiet until my return. On returning next day, I found her complaining of some soreness in the lower part of the bowels, otherwise doing well. I placed her upon the compound syr. of butternut, prepared according to Prof. Thompson's formula:

R. Ext. Hyoscyami fl..... 1 drachm.
Ext. Butternut fl..... 1 ounce.
Ol. Sassafras.....½ drachm.
Super Carb. Soda..... 4 drachms.
Syr. Simp..... 6 ounces.
M. Sig.: Tablespoonful three times per day, to be continued through the remaining period of gestation.

Three months afterwards she went through her labor satisfactorily. Since that time she has borne three children, preceded by no threatened abortion.

A few weeks after meeting with this case, I was called to see a case of flooding with great pain, in consequence of threatened abortion. The lady was just verging into her fourth month of pregnancy and had aborted five times; her general health was very bad; she had been suffering with chronic intermittent fever for several months. I had no trouble in relieving the pains with morphia and atropine, hypodermically, and with a teaspoonful of the fl. ext. viburnum prunifolium, repeated every hour, I soon had the hemorrhage checked. I then placed her upon the butternut mixture, with instructions to continue it for several months. In addition to the above treatment, I gave the following blood restorative:

R. Tinct. Ferri Chlor.....1 ounce.
Potass. Chlor.....1 drachm.
Glycerine.....4 ounces.
M. Sig.: Teaspoonful after each meal, in a little water.

Patient got along without any further trouble, and in due time was delivered of a fine male child. In this lady's succeeding pregnancy she was again threatened with abortion. I resorted to the comp. syr. butternut and she had no further trouble.

A short time ago I was hurriedly summoned to the bedside of Mrs. S., a lady of a delicate constitution and a very nervous temperament. Her husband informed me that she had aborted four times during the five years that they had been married. Mrs. S. had just entered her sixth month of pregnancy and had exercised great prudence to ward off the expected trouble. A resort to the hypodermic syringe with the morphia and atropine, soon quieted the pains. I will say here that I know of no remedy that will so speedily quiet the uterus in threatened abortion as morphia and atropine used as in the above cases. I now have Mrs. S. taking the butternut mixture, and I feel sanguine that the results will be good.

My friend, Dr. Sale, of this place, whose experience in the practice of medicine extends over a period of twenty-five years, tells me that he is acquainted with no remedy that will give such good results in those cases predisposed to abortion as the comp. syr. butternut properly prepared and properly administered.

Morrillton, Ark. W. L. BELL, M. D.

[For the Brief.]

## Pancreatin.

The writer knows that the above article has its believers in its power of helping to assimilate food and fatty matters taken into the stomach. He knows also its general use alone and in combination, and that to doubt its virtues would excite no little surprise among its friends; and yet, to look at it from a physiological standpoint, it is a wonder that it has any friends at all. Nature certainly does not indicate its use, in her process of assimilating food. This process of assimilation, commencing with the saliva and ending in the lacteals of the intestines is a regular one. The food, first softened by the saliva, passes into the stomach, where by the action of the gastric juice it is converted into chyme; then it passes through the pyloric orifice into the duodenum, and is subjected to the action of the pancreatic juice, and is thus converted into chyle, in which condition it is absorbed by the lacteals of the intestines. Food taken into the stomach is first acted upon by the gastric juice, and afterwards, when it has passed the pylorus as chyme, into the duodenum, it is subjected to the action of the pancreatic juices. The pancreatic juice does not come in contact with the food before the gastric juice does, nor does it at the same time, but only after. If it were otherwise intended by nature, food would first enter the pancreatic juices and then the gastric juices. But nature is too good a chemist in this particular; she never pours pancreatic juice into the stomach when food is administered, or at all. Pancreatic juice is alkaline, while gastric juice is acid during digestion; and should pancreatin, or a combination of it, be administered, it must be worthless so far as the pancreatin is concerned. Either the pepsin of the gastric juice is destroyed or the pancreatin. They can not act together, or exist together, either in the stomach or in combination, and as the pancreatin must be looked upon as a foreign body in the stomach, it must undergo destruction or digestion the same as any article of food. Its tendency is to do harm rather than good, because being alkaline, it is apt to neutralize and destroy the action of the pepsin and the acid juices. I sum up, therefore, that pancreatin is useless, is liable to do harm rather than good, and is very high in price, and that these are three good reasons why its use should be condemned. If assistance to digestion is required, use pepsin either as pure soluble, or as liquid pepsin. Avoid those preparations of pepsin containing alcohol or wine in large proportions, as these are incompatible; also liquid preparations of pepsin and bismuth, as the ammonia or alkali used to dissolve the bismuth, destroys the pepsin.

ADDINGTON, Pharmaceutical Chemist.
700 Olive St., St. Louis, Mo.

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[For the Brief.]

## Paralysis—Dog-Bite.

EDITOR MEDICAL BRIEF:—I desire to ask, through the BRIEF, for information in regard to a case I have now under treatment, a child about two years old, from some protracted derangement of health commencing during dentition. It has lost the use of the arm and leg of the left side (paralysis hemiplegia); have tried various plans for relief, but have only succeeded in re-establishing the use of the leg; the arm still remains paralyzed. Will some brother be kind enough to suggest something to relieve?

Dr. J. A. Proctor, Union City, Ind., says he can cure all cases of mad-dog bite before the throat is swollen, etc. Will the doctor be kind enough to let us have his treatment?

HARRY T. SHARP, M. D.
Eureka P. O., La.

[For the Brief.]

## Race Degeneration and Cause.

EDITOR MEDICAL BRIEF:—That the races of men deteriorate and become extinct, is a fact patent to tradition and history. But with all the length, breadth, and depth of physiological research that has been devoted to vital source and sustenance, we are still groping in the dark, and are made to feel painfully conscious that the healthy stamina of mankind is rapidly depreciating. The hopefully skeptical physician, who, in the routine phases of empirical practice, notes only the variations of disease, without studying the cause and tendency in general effect, scouts the idea of degeneration. As from the perfection of physical power the mental is developed, the advocate of present civilized progression, in science and art, will refer you to the labor-saving achievements of the past century. But if he will consider the very small proportion of inventors and discoverers, and the luxurious tendency in effect of their inventions upon the population at large, his perception will be quickened for a realization of the inevitable result. As his mind becomes impressed with the multiplicity of causes that contribute to the current of deterioration, his wonder will be surprised to learn how the masses have been able to resist the many sources of attrition and still maintain their present physical and mental status!

That the cause of this ever-recurring cycle round of vigorous simplicity in emergence from barbarism, and decadence from the multiplication of luxurious indulgences, incident to the inventive progress of civilization, should have never been effectively appreciated and combated, is solely due to the partisan spirit demonstrated and enlisted under the policy of jesuitical control. The human herd will follow a determined leader to destruction, with the same lack of thought and fatuity as the sheep the ram. But the physician, as the provisory health director of families under his charge, could initiate a regardful power of discernment that would control the mother's emotional impressions over the child in utero for good in mental as well as physical bias. For we have as clear a demonstration of the mother's power for the transmission of mental impressions, as in those that impart likeness in physical configuration. Could this plastic ideal of a mother's emotional impressions be made to subserve for the congenital welfare of the child in utero, a step would be taken to render effectual, from birth, the child's physical and mental development.

NOBLE O EILIMS, M. D.
San Francisco, Cal.

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[For the Brief.]

## Vaccination.

EDITOR MEDICAL BRIEF: — Wishing an opinion from the profession at large, I ask for a reply through the columns of the BRIEF: Does vaccination furnish immunity from small-pox, if so, how? Does it modify this disease? Is the danger (if there is any danger) from vaccination, by way of inoculating the patient with a diseased virus (humanized or bovine) by way of introducing into the system a germ to contaminate the person or persons, thus bringing forth a trouble that would prove more disastrous than small-pox itself, viz.: Scrofula, tuberculosis, syphilis, or any grave constitutional trouble? As I have said, is the danger greater than small-pox? In the February number of the *North American Review* for 1882, with which I suppose the majority of the readers of the BRIEF are familiar, there appears an article entitled "The Lancet and the Law." The article being a grave charge against vaccination, by Henry Bergh. He says (speaking of

the origin of vaccination), "that hideous monstrosity, vaccination." Again, he says: "In the period of less than one hundred years that has elapsed since the introduction of this practice, millions upon millions of sound and healthy human beings have been inoculated with the most loathsome pestilence doomed to carry to the grave bodies wasted by consumption, or marred and deformed by scrofula, cancer, and innumerable other ills—what is more, they have transmitted these diseases to posterity." He also goes on and states: "That the purpose of the writer is not only to convince the readers of the truth of this admission, but to go further and prove that vaccination never has afforded and never can afford immunity from small-pox, and that the unnatural practice of so-called scientific physicians have simply resulted in changing the ruby stream of life into a filthy current, in comparison with which the foulest ditch-water is pure." He quotes Dr. Spinzig on this that the cure of the eruption of small-pox is the outward manifestation of a process of decomposition of the blood, produced by a disproportionate quantity of urea." Hence, this disease is, in fact, the effect of the reaction of urea on the blood. He quotes the table compiled by the Philadelphia Board of Health for 1872; also, the official German statistics according to Becker, page 260 for 1870–'72. He also says: "In the city of Berlin, during the year 1871, there were 17,020 cases of small-pox of which 14,287 were of vaccinated persons and 2,733 of unvaccinated. Now, this gentleman goes on and gives his authority, other than what I have cited; but the word "brief" comes to my mind or I would give them here. He consumes the space of nine pages of the *Review* on this subject. Now, if all he says is true, and his references are reliable (which, of course, they must be), why proceed with this loathsome practice, why endorse our most eminent authors? Shall they all be laid aside in regard to the subject of vaccination? Has the experience of hundreds of physicians, since the days of Jenner, been for naught? How is this? I as a practitioner for only ten years, fail to see it. How is it with the older ones? Let me hear from you.

F. A. PACKARD, M. D.

Monmouth, Ia.

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## Listerine.

BY J. A. THACKER, A.M., M.D.,
Fellow of the American Academy of Medicine, Fellow of the Royal Microscopical Society, London, England.

The qualities of LISTERINE as an antiseptic are such as to make it worthy the name of the famous surgeon—the father of antiseptic surgery. In our own experience it certainly has met its claims as "a powerful, safe, and pleasant antiseptic." It will do all that carbolic acid and other antiseptics will do, while it has none of the objectionable features belonging to them. It does not soil the clothes, and has no offensive odor, advantages very apparent for injections, or as a gargle and mouth-wash in scarlatina and other affections of the mouth and throat. We have used it in one and two teaspoonful doses in disordered stomach, attended with acid eructations, with most gratifying results. Quite recently we commenced to treat by douche a case of nasal catarrh of several years' standing, with LISTERINE one ounce, alum one drachm, water one pint. The affection showing rapid improvement, we directed the omission of the alum, and increased the strength of the LISTERINE solution. The patient continues to improve, and we believe a complete cure will soon be effected

Cincinnati, Ohio.

[For the Brief.]

## Consumption.

EDITOR MEDICAL BRIEF:—Dr. W. H. Harris wants to know the best treatment for consumption. I will give him my treatment in a recent case, which thus far has resulted more satisfactorily to me than any previous cases that I have been called upon to treat. I was called to see Col. A. on the 15th of last November, and found him apparently in the last stages of consumption, and rapidly declining. He was very much emaciated; skin dry and resembling that of a plucked goose, cutis anserina; coughing incessantly; expectorating about a pint a day. He was very much opposed to taking any medicine, saying that his time had about come for him to die His wife stated that he had not taken any food except a little buttermilk, three or four times a day, for over a month. I gave him a good greasing all over with lard, had his chest well rubbed with turpentine, and a dose of morphia, with directions to give him another dose if he should wake during the night, which was done shortly after midnight. Next morning he felt considerably refreshed from the night's sleep, which he says was by far the best he had for a month. He ate for breakfast a beef-steak, toast, and a cup of coffee, and expressed himself as being very grateful for what had been done for him. I directed that he should take cod liver oil and brandy three times a day, together with lippia mexicana, to relieve the cough, and which, in my opinion, added very much to his great improvement, and to be greased with lard every night. After taking two bottles of cod liver oil, I change to hydroleine (hydrated oil), which he preferred to the oil; his appetite improved so that he could eat beef, birds, oysters, milk, coffee, etc., and now he is again on his feet, much improved, and in good condition; and I trust will live some time yet to be the good and useful man that he has been for so long.

Summerfield, Ala. R. L. JACKSON, M. D.

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[For the Brief.]

## Replies.

EDITOR MEDICAL BRIEF:—In reply to Dr. E. C. Linn, page 64, February number of the BRIEF, will say that his patient is troubled with an exhausted state of the ganglionic nervous system, the force necessary to maintain the velocity proper of the blood current in the capillaries is deficient and we find passive congestion. Bromide of ammonium in fifteen-grain doses, four times a day, is the remedy. But the case in question being a rather chronic one Dr. Linn may have to resort after a while to ergot, electricity, etc.

In reply to Dr. J. H. Smith, page 91, same number of BRIEF, will say, I find in the "*Boston Medical and Surgical Journal*," a paper by Dr. Curtis, in which he enumerates the various affections in which podagrica or podalgia or painful affections of the feet may exist independently of all signs of disease of the part itself. These are: First, urethral stricture, as observed by Lerxmoor, Brodie, and many others; second, vesical calculus; third, cystoprostates or inflammation of the neck of the bladder; fourth, cystalgia or neuralgia of the neck of the bladder; fifth, gout; sixth, renal calculus, gives occasional pain in the heel; seventh, syphilis and gonorrhœa produces this pain sometimes; eighth, in locomotor ataxia the heel may be the first or for a while the principal seat of pain; ninth, Prof. Gross describes an obscure form of pain in the feet under the name of pododynia, which is met with in certain sedentary classes of artesans, especially tailors.

Will some of the readers of the BRIEF, give me treatment for ovarian neuralgia, in a nursing woman where belladonna of course would be contra-indicated.

Leesburg, Mo. H. V. METZRADT, M D.

[For the Brief.]

## Congestion and Inflammation of the Brain.

EDITOR MEDICAL BRIEF:—It is acknowledged by the profession, that there is hardly any other class of disease treated with so little certainty and satisfaction, by the ordinary means, as the above mentioned. That by taking blood from the arm or otherwise is indirect, and besides debilitating the general system when such a result is exceedingly undesirable, it too often fails to accomplish its primary object. This same charge may be laid at the door, not unfrequently, of the various other remedies and plans of treatment.

It is unquestionably a fact, primarily, that if the quantity of blood in the brain could be regulated, the congestion or inflammation could be controlled. A superabundance of blood is a sine qua non. The fact that most of the blood going to the brain passes through the carotid arteries, and that they are sufficiently superficial with the cervical vertebra, upon which to counter, to be almost as easily compressed as if they were rubber tubes between the fingers, needs only be stated to suggest the remedy I propose, in lieu of the usual treatment. Its application to the various phases of congestion or inflammation, from an ordinary headache up to the most frightful and fatal puerperal or apoplectoid convulsions, will be at once apparent, and suggest itself to the trained and educated mind. If your space did not forbid, it would probably be interesting to give a history of the case in which the idea first occurred to me, intuitively or inspirationally, but I will say that the transition from what had been regarded for several days as a necessarily fatal illness, by one of the very best physicians in Western Missouri, to health (except, of course, the debility necessarily consequent upon the condition of the patient, a boy some ten or twelve years old)—a number of severe convulsions among others—was almost instantaneous.

It will be observed by any one making the experiment, even upon a subject perfectly healthy, that it (the arterial compression spoken of) induces a marked disposition to deep and full inspiration, and this ability is precisely what is wanted in a paroxysm of asthma or still-born child. I have had only an opportunity of testing it in one each of these cases, and in each the desired result was instantaneous. The case of asthma was one of the worst that I had ever known, and since then, which has been several years, he has hardly had a symptom.

The idea presents an unbounded field for theorizing and elaboration, but as this ground is not cultivated by your journal, I will leave each reader to entertain himself as he may feel disposed. The only precaution needed is that the pressure be made with the points of the fingers directly, and not by laying them flat on the side of the neck, or the veins will be at the same time obstructed. A great many cases of earache, toothache, headache, or any trouble of the head or face that partakes of a congestive nature, may often be relieved instantly in this manner. ROBERT B. MCNARY, M. D.
St. Louis, Mo.

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[For the Brief.]

## Incontinence of Urine.

EDITOR MEDICAL BRIEF:—Dr M. L. Cutler, of Albert Lea, Minn., asks for treatment for nocturnal incontinence of urine in a boy about nine years old. I hope the doctor will try the following, as I think it will cure his patient:

R. Ext. Uva Ursi fl.....12 drachms.
Tinct. Ferri Chlor..... 2 drachms.
Tinct. Nuc. Vom .. 1 drachm.

M. Sig.: Teaspoonful in cold water at three and nine P. M. In stubborn cases, give the medicine at eleven A. M., three and eight P. M., until better, then at three and nine P. M.

Coyville, Kan. J. Y. SIMPSON, M. D.

[For the Brief.]

### Organ of Audition.

EDITOR MEDICAL BRIEF:—About two years ago, I was attacked with a periodical tingling and burning sensation, with great redness of the left ear (prima), which generally came on about two P. M. each day, and would last from one to two hours, or more. The affection continued with great regularity for some weeks, then stopped as suddenly as it began, and was forgotten for the time being. It returned after an interval of a few months, and after a time passed off as before. Again, it returned, and for almost a year has been annoying me at various times; does not come on generally until six or seven o'clock, and sometimes not until ten or eleven P. M. It is a very uncomfortable feeling, and disagreeable to me, especially when in company, for my ear gets as red as blood can make it, and burns as though I had high fever. Now, if some of your many readers will be kind enough to give me a remedy for my affection I will be very thankful. I have consulted several M. D.'s, and they generally attribute it to some nervous disturbance. I will give the remedies which have been used: Quinine, Fowler's solution, fl. ext. ergot, and locally, strong solution of sub. act. plumbi; and lastly, have been taking hydrobromic acid, and as yet have received no benefit.

Irvington, Ind. J. H. D., M. D.

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[For the Brief.]

### Meningitis—Morbid Pregnancy.

EDITOR MEDICAL BRIEF: Will some of the most experienced physicians give, through the BRIEF, the best treatment for meningitis, spinal and cerebro-spinal? Also, in pregnancy, when any form of fever, or any serious disease occurs, and abortion is threatened, is it best for the fœtus to be born as soon as possible, or try to prevent and cure the disease?

Peters, N. C. R. S. M., M. D.

## Special Notes.

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Send to Thos. F. Goode, Buffalo Lithia Springs, Va., for pamphlet. The editor of the BRIEF has prescribed this water with satisfactory results.

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I have used "BROMIDIA," as prepared by Battle & Co., St. Louis, and regard it as a reliable and satisfactory preparation.—*F. H. Davenport, Asst. Prof. Gynæcology, Harvard University, Medical Dept.*

Boston, Mass. April 7, 1882.

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BALTIMORE, 1882.

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I have used the preparations called BROMIDIA and IODIA, as manufactured by Battle & Co., of St. Louis, both internally and locally by means of a spray, in cases of throat affections, and found them admirably suited to certain cases.—*C. Seiler, M. D., late Director of the Microscopical and Biological Section of the Academy of Natural Sciences of Phila., etc., Lecturer on Diseases of the Throat, University of Pennsylvania.*

Philadelphia, Pa., March 21, 1882.

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MALTINE IN SUBACUTE ATONIC DYSPEPSIA.—BY J. R. BLACK, M. D.—"The preparation I have found to answer a most admirable purpose, in such instances it is neither strictly a food nor a medicine, but a sort of nondescript, betwixt and between. I allude to maltine, pepsin and pancreatine. As is well known, it is the half-way digested albuminoids and saccharine elements of wheat, barley and oats. Largely abounding in diastase and charged with the elements needful for carrying on the digestive process, all that is needed to complete the gastric process on a small quantity of appropriate food is heat and the vermicular action of the stomach.—*Cin. Clinic.*

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## Book Notices.

A PRACTICAL TREATISE ON THE DISEASES OF CHILDREN. By I. Forsyth Meigs, M. D., late one of the Physicians to the Pensylvania Hospital; consulting Physician to the Children's Hospital; Fellow of the College of Physicians of Philadelphia: Member of the American Philosophical Society of the Academy of Natural Sciences of Philadelphia, etc. And William Pepper, M. D., L.L. D., Provost, and Professor of Clinical Medicine in the University of Pennsylvania; Physician to the University, to the Philadelphia and to the Children's Hospital; Fellow of the College of Physicians of Philadelphia, etc. Seventh edition, revised and enlarged. Philadelphia: P. Blakiston, Sons & Co.

The value and importance of a book can generally be estimated by the repeated occurence and rapid exhaustion of its several editions. Doctors Meigs and Pepper, owing to the kind favor which has been extended to former editions of their work, as well as the increasing interest manifested by the profession in the study of diseases of children, have been called upon to issue this, the seventh edition. It is claimed by the authors that in the preparation of the last edition that entire text has been subjected to a thorough revision. "All statistics have been brought up to date, and the date of recent years have been used in calculating new tables, as in the case of the elaborate table on the relative mortality of croup and diphtheria." A very practical article on Rötheln, setting forth its distinct entity, has been added, while the section on skin diseases has been entirely re-written and rearranged. The subject of diatetics plays an important part in the treatment and management of infantile troubles, and hence, the authors have wisely added a new article on food in which they have discussed freely the value and use of condensed milk. The views of the writer of this article meet our hearty approbation. Altogether, the work is fully up to the requirements of the advanced thought and teachings of to-day; its various topics are ably, tersely and comprehensively handled, and the profession thereby placed under renewed obligations to its talented and scholarly authors for this contribution to the literature of children's diseases. Let every one commence and peruse it.

A HAND-BOOK OF UTERINE THERAPEUTICS AND OF DISEASES OF WOMEN. By Edward John Tilt, M. D., Past President of the Obstetrical Society of London; Knight of the Court of Italy; Fellow and Corresponding Member of many Medical Societies, British and Foreign. Fourth Edition. New York: William Wood & Co.

The author of this volume, in his preface, says: "I am led to infer that of the various departments of medicine, gynecology is the least known, although there are several English and French works in which it has been well taught from various points of view." This much we are willing to concede, and nay more, that the heroic medication of the past in this department of our art has been the result of a routine and blind following of specialists rather than the rational and logical use of remedial agents based upon a sound pathology and correct nomenclature. However, this book is well written and deserving of professional confidence, and is calculated to diffuse a better knowledge of the diseases peculiar to women. Many questions of general interest are discussed, to which we have not time to specially refer, but advise all persons interested in this branch of medicine to purchase the work and examine for themselves.

WOMAN, HER OWN DOCTOR. A plain, practical, and easily understood treatise upon the diseases and derangements peculiar to women, including, also, pregnancy and childbirth, with other matters of interest and importance. By Robert B. McNary, M. D., of Holden, Mo. Price, $1.25.

The above is a well written little brochure on a subject of general interest to the profession, as well as of individual interest to every woman in the land. It is plainly written, wonderfully concise, and well adapted to meet a long felt want in the profession, by supplying, in an easily understood and common sense way, practical information to woman in regard to the maladies peculiar to her sex; her relation to the profession at large, as well as to enable her to discriminate between the well-bred, educated, and capable physician and the pretentious claims of the charlatan. Empiricism and quackery are the spontaneous outgrowths of ignorance and greed. It therefore behooves the intelligent and liberal physician to educate the masses outside of the profession, and who are to become his patrons, in all that pertains to the science and art of medicine, that its supposed hidden mysteries may be cleared up, and that the profession and people may unitedly stand together to uphold true worth and disseminate useful knowledge. Chapters on menstruation, pregnancy, conception, abortion, confinement, accidents that occur during labor, including flooding, together with the proper care of infant and mother, and many other points of undoubted value to the woman, and that the doctor would be glad to see her in possession of, are found contained in this book. The work possesses a high moral tone, and abounds throughout in many valuable thoughts and suggestions, but nevertheless should receive, at the hands of the author, a careful revision of several of its chapters, to make it well up to the present advances in science.

LECTURES ON DISEASES OF CHILDREN. A Hand-Book for Physicians and Students. By Edward Henock, Director of the Clinic and Polyclinic for Diseases of Children, in the Royal Chariti, and Professor in University of Berlin. New York: William Wood & Co.

Dr. Henock's work, entitled: "A Hand-Book for Physicians and Students," is the outcome of thirty-seven years of uninterrupted dispensary practice in this field, and "contains almost exclusively the personal experience of the author." Such an opportunity for extended observation and experience seldom falls to the lot of the medical practitioner, and therefore, any suggestions, either in theory or practice, emanating from such a source, should be gladly received and weighed. "Brevity the soul of wit" seems to be the motto of the author, for the book is concisely written, and admirably adapted in this respect to the wants of student and practitioner. Besides, it will be found to contain many points of interest for the busy practitioner, who is hourly and daily contending with the maladies peculiar to children. We can certainly commend the book.

A CLINICAL HAND-BOOK ON THE DISEASES OF WOMEN. By W. Symington Brown, M. D., Member of the Gynecological Society of Boston. 8vo.; pp. 247. New York: William Wood & Co.

The author of the above little volume is modest in his claims, and prefers not to call this work a *treatise*, but is satisfied to introduce it simply as a practical guide on most of the diseases peculiar to women, for the use of medical students and country practitioners. "An effort has been made to contribute the best that has been written on each subject, including the old masters," and this part of the work has been creditably performed. Puerperal diseases are included, the author asserting that the great bulk of female diseases are in some way connected with conception; many of them follow abortion or even confinement "at term." Chapters on gonorrhœa and syphilis have been added for similar reasons. The book is worthy of the careful perusal and consideration of every practitioner, and we would therefore cheerfully commend it.

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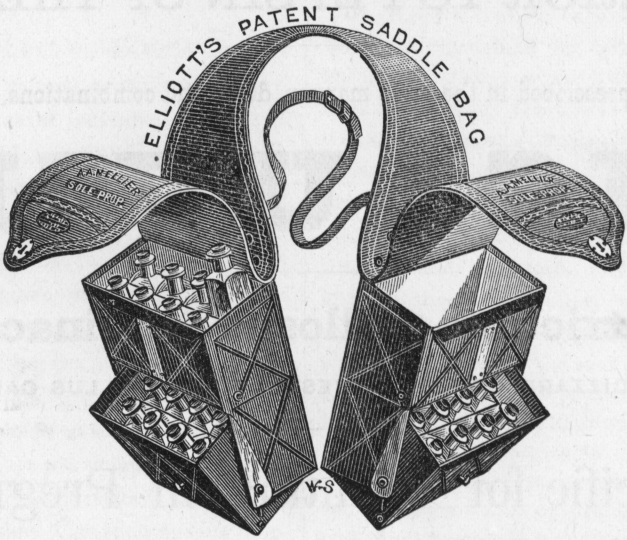


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"The mucous membrane of the rectum, like that of other portions of the alimentary canal, possesses all the requisites, more or less, for the exercise of absorption."

Many medicinal substances act more energetically when applied to the rectum than when received into the stomach.

Baron Dupuytren said: "The rectum ABSORBS, but does not DIGEST. The medicinal agent," he says, "owing to the absence of digestion, passes more directly, more purely, and more surely to its destination, than the same medicine does when taken into the stomach."

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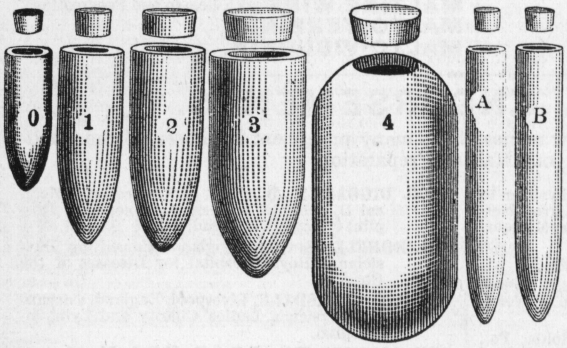


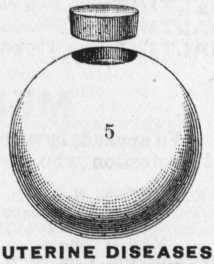


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## IMPORTANT.

November, 1881.

We have been advised by Physicians and Druggists of IMITATIONS of our BEEF, IRON, AND WINE, so similar in appearance (the bottle and style of label being an exact copy, with verbatim wording), that any one would be at once deceived, rendering it necessary for the purchaser to see that our NAME is on the LABEL to avoid being imposed upon.

JOHN WYETH & BROTHER.

## ELIXIR GUARANA.

(PAULLINIA SORBILIS.)

Guarana is used with much benefit in cases of sick and Nervous Headache, Neuralgia, Diarrhœa, Gastralgia, etc.

The active principle is analogous to Caffein, being found in Paullinia in five times the quantity that it exists in the best Coffee. The tonic influence allied with the stimulating effect renders it an exceedingly valuable medicine.

☞It is especially beneficial in Debility, Languor, Protracted Convalescence, and Nervous Irritability, as its use in these complaints has proven the entire absence of any irritating properties or astringent effect. ☜The result is almost immediate in all cases of Headache, from whatever cause it may arise; but it is more particularly useful in those produced by over excitement to the nervous system.

The usual mode of administration has been in powder; but the Elixir will be found not only more agreeable, but much more efficacious.

Each fluid ounce contains eighty grains Guarana.

For HEADACHE,—dose, a tablespoonful for an adult, to be repeated in an hour, if the first dose does not give relief.

For DIARRHŒA,—a dessertspoonful morning and evening.

For NEURALGIA, as a General Tonic for NERVOUSNESS, DEBILITY, etc.—adult dose a dessertspoonful three or four times a day.

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TO

# Physicians and Gynecologists.

A SUCCESSFUL REMEDY FOR

**DYSMENORRHŒA, MENORRHAGIA,**
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I remain, gentlemen, very truly yours,

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| Pancreatine, | 6 " | Hydrochloric Acid, | 5 fl. " |

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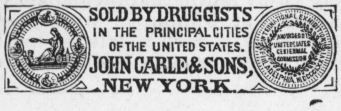
THIS justly celebrated Dietetic Preparation is, in composition, principally the GLUTEN derived from the WHITE WINTER FLINT WHEAT CEREAL, a solid extract, the invention of an eminent Chemist. It has not only been highly recommended but certified to by a large number of Chemists and Physicians--representing a very high degree of medical science--as the Safest, Most Acceptable and Reliable Food for the Growth and Protection of INFANTS and CHILDREN, and for MOTHERS lacking sufficient Nourishment for their offspring.

Unlike those preparations made from animal or vinous matter, which are liable to stimulate the brain and irritate the digestive organs, it embraces in its elementary composition--

THAT WHICH MAKES STRONG BONE AND MUSCLE.
THAT WHICH MAKES GOOD FLESH AND BLOOD.
THAT WHICH IS EASY OF DIGESTION--NEVER CONSTIPATING.
THAT WHICH IS KIND AND FRIENDLY TO THE BRAIN, AND
THAT WHICH ACTS AS A PREVENTIVE OF THOSE
INTESTINAL DISORDERS INCIDENTAL TO CHILDHOOD.

And, while it would be difficult to conceive of anything in Food or Dessert more Creamy and Delicious, or more Nourishing and Strengthening as an ailment in Fevers, Pulmonary Complaints, Dyspepsia and General Debility, its Rare Medicinal Excellence in all Intestinal Diseases, especially in Dysentery, Chronic Diarrhea and Cholera Infantum has been Incontestably proven.



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# SVAPNIA

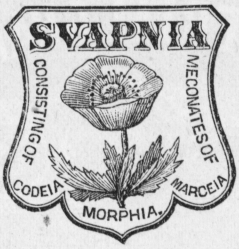
## OR PURIFIED OPIUM.

CONTAINS THE

ANODYNE AND SOPORIFIC

ALKALOIDS

**CODEIA,**
**NARCEIA**
AND
**MORPHIA.**




EXCLUDES THE

POISONOUS & CONVULSIVE

ALKALOIDS

**THEBAINE,**
**NARCOTINE**
AND
**PAPAVERINE.**

DOSE, THE SAME AS OPIUM.

*This article is not intended for popular use, but only on prescription of the profession. It is to take the place of Opium in cases where that drug acts injuriously.*

---

Dr. John Harley, of London, in his "Old Vegetable Neurotics," details a large number of experiments upon the human and animal system, with six of what he considers the narcotic alkaloids. He concludes that although all six possess both narcotic and hypnotic properties, yet these are so varied in degree and force, as to make their effects, when exhibited singly, very distinct from those following their exhibition in combination.

Taking the experience of practical physicians with Dr. Harley's results, as a basis, we would group them in the following order:

| First Group. | Second Group. |
|---|---|
| Anodyne and Hypnotic Elements. | Narcotic and Convulsive Elements. |
| 1. Morphia. | 1. Thebain. |
| 2. Narceia. | 2. Cryptopin. |
| 3. Codeia. | 3. Papaverin. |

Now SVAPNIA *is a distinctive name* given *to the first group, representing* the ANODYNE and HYPNOTIC ELEMENTS; *the second group, or the narcotic and convulsive* elements *of Opium being eliminated;* and is *not*, therefore, a simple principle, or a single constituent of Opium.

The relative values of each being known, we can select and utilize those that are valuable, and reject those known to be deleterious and inert.

This is what we claim, and all we claim for SVAPNIA. *It can be relied upon and given in all cases where Opium or Morphia is indicated, with equally good effects;* and in addition to this, there will be found in the practice of every physician, cases occurring almost every day, in which idiosyncrasy and peculiar states and diseases of the brain debar us from the use of Opium and Morphia, but where Svapnia can be exhibited with the happiest results.

In SVAPNIA, there is retained all the Morphia and the greater part of the Codeia and Narceia, but combined with the native acids of Opium, meconic and thebolactic, in such a manner as to render those constituents soluble and active.

SVAPNIA IS UNIFORM IN ITS PROPORTIONS, and is prepared to conform to a standard of Opium representing ten per cent of Morphia. This is done by a simple proportion of the neutral excipient, after determining the actual amount of the alkaloids obtained from the Opium used.

We may safely affirm that the danger of bad results is much diminished by a resort to that preparation of Opium, in which the poisonous elements are eliminated, and the anodyne elements in such a state of combination, as to reduce their toxic, and enhance their hygienic effects, such as has been PROVED TO BE THE CASE WITH SVAPNIA.

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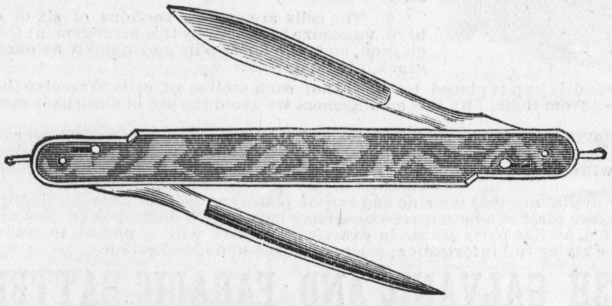

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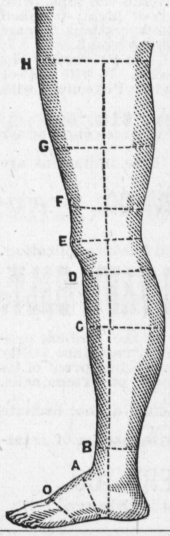


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Goods warranted to be of the Best Quality, and of the most durable kind.

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Send for descriptive circular and directions for measurement.

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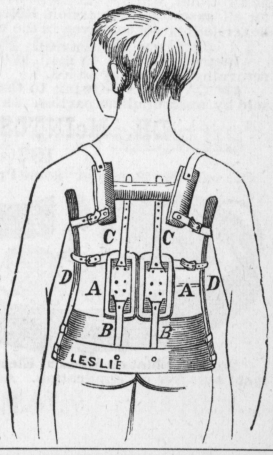
Our facilities in this line are very complete, and we can supply the **Best Apparatus for each Case.**

**Correspondence solicited. Directions for measurement sent on application.**

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QUALITY GUARANTEED.

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# McINTOSH COMBINED
# GALVANIC AND FARADIC BATTERY

**This Celebrated Battery Combines Both the Galvanic and Faradic Current,**

Which can be used separately or combined. Any strength and intensity desired can be obtained for use in Electro-therapeutics. THIS BATTERY is constructed on an IMPROVED PLAN, as follows: The zinc and carbon plates are arranged in couples, securely clamped to hard rubber plates with thumb screws. These screws are also used for binding posts. All the connections are positive. The cells are made in sections of six, of hard rubber, with hard rubber drip cup. The following points of excellence render our Batteries superior to others:

1. *They combine the only Portable Galvanic and Faradic Battery in one case.*

2. *They weigh one-half less than other batteries of the same number of cells.*

3. The cells are made in sections of six of one solid piece of hard, vulcanized rubber—by this arrangement they can be emptied, cleaned, and filled as easily and quickly as one cell, and will not crack, break, or leak.

4. A hard rubber drip cup is placed by the side of each section of cells to receive the zinc and carbon plates when removed from them. By this arrangement we avoid the use of absorbant materials and soiling the Battery.

5. The Hydrostat is perfect. The rubber plates which hold the elements project over on one side enough to cover the cells when the zinc and carbon plates are placed in the drip cups. The under side of this projection is covered with thick soft rubber, which is securely clamped to the cells sections, and makes them water tight.

6. This is the only Battery that the zinc and carbon plates can be kept clean by simply rinsing them.

7. A zinc or carbon plate can be removed by simply loosening a binding post; and all parts of the Battery can be duplicated, as like parts are made exactly alike. We will be pleased to send circulars and our illustrated catalogue giving full information, price, &c., free upon application.

## McINTOSH GALVANIC AND FARADIC BATTERY CO.,
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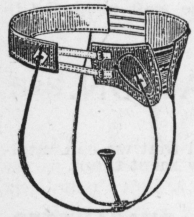
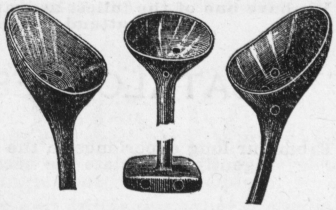


## Dr. McINTOSH'S NATURAL UTERINE SUPPORTER.



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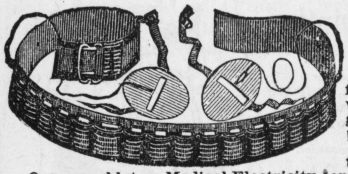

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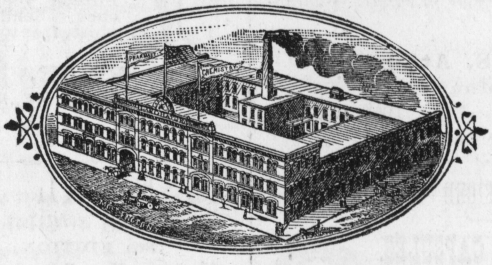

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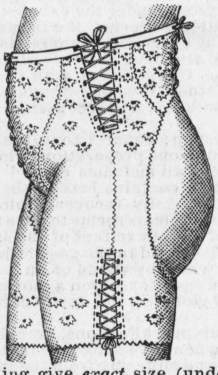

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